MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Deed
on grave of son
David W. Dekker

Date 5-1-06

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

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

Church, Chapel, Graveside Eatheringill Mortuary

All Funeral cars 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 1900 Grave 1

Grave space & Care Fund C-7589	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.00
Burial Container	79.00
Handling Fees	85.00
Flower vases – Marker setting fee N/A	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	384.12
Paid receipt number	
Balance due	

VOID

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

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

X Print Name

X Address

X City

X Telep

Code

Signature X

Paulette

Invo

Acct

Work Order # E-19700

Per mail 5-4-06
Family will
C/B when Tim cell#
602-2437
Ready
Family has cremains 260-0936

REA-104 (3-04)

This information is av ... st.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 5-2-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MISAO MORIYAMA #226276

in a DD CRYPT "A" (Type of Burial Container) Funeral, date, time Tues, May 9 @ 1:00

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 Blk/Row _____ Lot 131 Grave 3

Grave space & Care Fund	E-13853	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	"	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	"	—
Sales taxes	"	—
Total Due		0
Paid receipt number	N/A	—
Balance due		0

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

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

X [signature]
Signature

CDL YW31294

1-8-10

X SHIERRA MORIYAMA
Print Name

X 6738 AKINS AVE
Address

X SAN DIEGO, CA.
City Zip Code

X 264-4600
Telephone

Invoice # _____

Work Order # E-19701

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19701

GRAVE BLIND CHECK FORM

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

Tanaka / Ogawa Zenichi / Hisayo			X			
			Tachiki	Schinhofen		

Blind Check Initiated By: Paulette Date: 5-8

Interment space for: Misao Moriyama

Interment Date: 5-9-06 Tues Time: 1:00

Div: 7 Sect: 11 Blk/Row: ____ Lot: 131 Gr: 3

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No Flag

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 5-8-06

E19701 age 86

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MISAO	NAKAGAWA	MORIYAMA	03/11/1920	05/01/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
TIONAL CITY	SAN DIEGO	BRUCE MORIYAMA, SON 6738 AKINS AVENUE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA, CA 91911	FD1682

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.

8A. SIGNATURE OF APPLICANT – Person taking permit: ▶ [signature] 8B. DATE SIGNED: 5-2-06

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	05/04/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO CA 92102	11B. DATE BURIED 5-9-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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

Date 5-2-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joe Titus #230139

in a DD.CRYPT"A" (Type of Burial Container) Funeral, date, time Mon. MAY 8 1:00

Church, Chapel, Graveside BAYVIEW : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. [signature] X

Division 12 Section 1 Blk/Row ____ Lot 92 Grave 10

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees WO# 4918	454 -
Flower vases - Marker setting fee TRION 4591 + 178.00 ✓	243.71
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	4,140.48
Paid receipt number R-59605	$ 4,140.48
Balance due	0

PAID MAY 04 2006 MOUNT HOPE CEMETERY

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

#230140

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

[signature] Signature

X Beverly D Titus Print Name

X 6168 Newcastle Place Address

X San Diego, CA 92114-6777 City Zip Code

X 619 262 6625 Telephone

Pauletta

Work Order # E-19702

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19702

DMV CALIFORNIA DMV

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 06-19-14

J0880666

JOE PIERCE TITUS
6168 NEW CASTLE PL
SAN DIEGO CA 92114

SEX:M HAIR:BLK
HT:5-06 WT:275

EYES:BRN
DOB:06-19-25

06/24/2004 3D6 B3 FD/14

MT HOPE CEMETERY E19702

GRAVE BLIND CHECK FORM

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

		JAMES H GETEI				
MACHO N GEORGIA			X			
		NATHANIEL JOHNSON	JENNIT AUSTIN			

Blind Check Initiated By: KEVIN Date: 5-4-06

Interment space for: Joe Titus

Interment Date: Mon May 8 Time: 1:00

Div: 12 Sect: 1 Blk/Row: 0 Lot: 92 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

FLAG ON GRAVE

Blind Check & Verified By: David Moreiga Date: 5-4-06

E 19702

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 80

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOE	PIERCE	TITUS	06/19/1925	04/29/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BETTYE TITUS, WIFE 6168 NEWCASTLE PLACE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Dan Campbell	05/02/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	05/02/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-8-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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.)

LOT ONLY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-4-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred Zarse to Theartis Evans

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

Church, Chapel, Graveside _____ Mortuary

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

Division 10 Section _____ Blk/Row _____ Lot 3760 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 — Quit claim	$65.00
Sales taxes	
Total Due	65.00
Paid receipt number P-00270 — Visa	$15.00 50.00
Balance due	0

PAID
MAY 04 2006
MOUNT HOPE CEMETERY

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

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

Fredric E. Zarse X
Signature

X FREDRIC E, ZARSE
Print Name

X 1913 LARKSPUR DRIVE
Address

X ALPINE, CA 91901
City Zip Code

X 619-579-9456
Telephone

Invoice # _____

Work Order # E-19703

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

(PEACHES) pin # 230129 E19703

THEARTIS EVANS

4790 SOLOLA AVE SAN DIEGO, CA 92113-3533

318-1133

DECEASED - GARRY WINS (PEACHES BROTHER)

MORTUARY - ALTISER/COMER - ESCONDIDO

FUN. DIR.: TORY DEHAAN 760-745-2162

DIV 10 LOT 3760.

BURIAL PROBABLY THURS 5-11-06.

E 19703

Purchased Via Broker

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11502

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Glenna Marshman for the sum of $ _____ (DOLLARS)

LEGAL DESCRIPTION ~~Lots 3759~~ & 3760, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-7294

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

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

Regulation Marker Size 12" x 24" x 3"

George W Stelter
Cemetery Manager

Martin Bulan
Property Director

PY-564

E 19703

LAST WILL AND TESTAMENT

OF

GLENNA MARSHMAN

I, GLENNA MARSHMAN, a resident of San Diego County, State of California, being of lawful age and of sound mind, and not being actuated by any duress, menace, fraud or undue influence, hereby make, publish, and declare this to be my Last Will and Testament. I hereby revoke all Wills and Codicils previously made by me.

FIRST: I hereby declare that I am unmarried.

I hereby declare that I was married to HOWARD HEMPFLING from whom I am divorced.

I hereby declare that I was married to HAROLD MARSHMAN, who is deceased.

I have two (2) children, now living, whose names are GARY MELSON, and WAYNE HEMPFLING. I have one (1) deceased child, whose name was PATRICIA PRIVETTE, who had two (2) children, now living, whose names are THERESA PRIVETTE, and ANGELA PRIVETTE. No other children were born to or adopted by PATRICIA PRIVETTE.

No other children have been born to or adopted by me.

SECOND: It is my intention to dispose of all of my property,

Gno

E19703

REGULATIONS FOR MEMORIAL DECORATIONS

THE FOLLOWING POLICY HAS BEEN ADDED TO OUR EXISTING RULES AND REGULATIONS IN THE INTEREST OF ALL PROPERTY OWNERS. ALL PERSONS ARE REQUESTED TO COOPERATE.

The practice of placing artificial flowers on memorial property at any time throughout the year must be discontinued. Because of their lasting quality they make day to day maintenance impossible. Therefore, artificial flowers will be permitted on gravesites for Easter, Memorial Day and Christmas only. On these occasions potted plants and basket arrangements may also be placed for a period not to exceed five days — at the owners sole responsibility.

The placing of American Flags upon lots by individuals or patrotic societies is permitted on Memorial Day. These must be removed within two days after placing.

The outlining of individual graves or plots by any method is not permissible.

All permanent flower receptacles must be of the type approved by the Cemetery Manager. All glass or other types of containers will be removed immediately. This is for the protection of the public and our workmen.

We respectfully request that these regulations be observed. Additional questions regarding them will be answered at the Cemetery office. We thank you for your cooperation.

CITY OF SAN DIEGO

**MT. HOPE CEMETERY IS A MUNICIPAL CEMETERY,
OWNED AND OPERATED BY THE CITY OF SAN DIEGO
FOR THE PEOPLE OF SAN DIEGO.**

E19703

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

DATE: 05/04/06 TIME: 10:30:21
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0003
BATCH: 097
CD TYPE: VISA
TR TYPE: PR

TOTAL: $15.00

ACCT: **********8134 EXP: ****
AP: 00610A
NAME: FREDRIC ZARSE
CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X Fred Zarse
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Balance For Quitclaim
Transfer From
Fred Zarse To
Theartis Peaches
Evans
Div 10 Lot 3760
Related Order - P00270
E-19703

OFFICIAL RECEIPT

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

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

P 00270
E19703

Date: 5-4-06 , 20 06

From: Zarse Address: 1913 Larkspur Dr. Alpine CA.

Fifty dollars 00/100 Dollars ($ $50.00

in Full Payment of Quit claim From Fred Zarse TO Theartis Evans

Div 10 Sec Blk/Row Lot 3760 Grave

Invoice No. $50.00 Check #6339

Acct. No. 15.00 - VISA

W.O. $65.00

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

AC-212 (11-05) 6339 ☑ Check

This information is available in alternative formats upon request.

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

PAID

MAY 04 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	50 00

6339

CEMETERY SERVICES AGENCY
FREDRIC E. ZARSE, CEMETERY BROKER
PO BOX 2454
ALPINE, CA 91903
(619) 5796456

DATE May 3, 2006 16-66-1220

PAY TO THE ORDER OF Mt. Hope Cemetery $ 50.00

Fifty DOLLARS

Bank of America.
La Mesa Main
5500 Grossmont Ctr Dr
La Mesa CA
619 667 3201

FOR MARSHMAN / MELSON TO EVANS. TRANSFER FEE

Fredric E. Zarse

E19703

real, personal and mixed, tangible and intangible, wherever situated, which I have the power to dispose of by this Will.

THIRD: I hereby authorize my Executor to pay all expenses of my last illness and funeral.

FOURTH: I give all property over which I have power of testamentary disposition as follows:

1. I give my Mobile Home to my son, GARY MELSON.

2. I give the Rest, Remainder, and Residue of my Estate in equal shares to my children, GARY MELSON, and WAYNE HEMPFLING or to the survivor of them.

3. I have intentionally omitted to provide for my grandchildren, THERESA PRIVETTE and ANGELA PRIVETTE with full knowledge and not through error or accident.

FIFTH: I hereby nominate my son, GARY MELSON, as Executor of this Will to serve without bond. If my son, GARY MELSON shall, for any reason, fail to qualify or cease to act as my Executor, I nominate my son, WAYNE HEMPFLING, as Executor of this Will to serve without bond. The term "executor", as used in this Will, includes any personal representative of my estate.

I authorize my Executor to sell at either public or private sale and to lease, with or without notice, any property belonging to my estate, subject only to any confirmation of court required by law. I also authorize my Executor to administer my estate free of court supervision under the California Independent Administration of Estates Act.

I further authorize my Executor to continue the operation of

E19703

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-19703 DATE: 5/5/2006

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: Theartis Peaches Evans 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: 10 SECTION: BLOCK / ROW: LOT: 3760 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 5th day of May, 2006.

Signature / Date

Cemetery Manager

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

DIVERSITY

E19703

THE CITY OF SAN DIEGO

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

Date: x May 4, 2006

I/We x Fredric E. Zarse

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO Theartis Peaches Evans

Street Address: 4790 Solola Ave Apt / Unit #:

City: San Diego ST: CA Zip-Code: 92113

Telephone #: (619)

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 10 Section: Blk / Row:

Lot(s): 3760 Grave(s):

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 4 day MAY 2006

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS

x Fredric E. Zarse
Legal Owner / Reprehensive Signature

WITNESS

Legal Owner / Reprehensive Signature

David Lugo
CEMETERY REPREHENSIVE NAME

Cemetery Reprehensive Signature

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

DIVERSITY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

E19703

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

3 200437 008802

STATE FILE NUMBER — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST: GLENNA
2. MIDDLE: M.
3. LAST (Family): MARSHMAN
4. AKA (ALSO KNOWN AS): -
5. DATE OF BIRTH: 03/25/1926
6. AGE: 78
7. IF UNDER ONE YEAR: Months / Days; IF UNDER ONE DAY: Hours / Minutes
8. SEX: F
9. BIRTH STATE/FOREIGN COUNTRY: OH
10. SOCIAL SECURITY NUMBER: 305-26-0907
11. EVER IN U.S. ARMED FORCES? YES [ ] NO [X] UNK [ ]
12. MARITAL STATUS: WID
13. DATE OF DEATH: 05/21/2004
14. HOUR: 1419
15. EDUCATION: 12
16. WAS DECEDENT SPANISH/HISPANIC/LATINO? YES [ ] NO [X]
17. RACE: CAUCASIAN
18. USUAL OCCUPATION: WAITRESS
19. KIND OF BUSINESS OR INDUSTRY: RESTAURANT
20. YEARS IN OCCUPATION: 50

USUAL RESIDENCE

21. DECEDENT'S RESIDENCE: 6460 CONVOY CT. #201
22. CITY: SAN DIEGO
23. COUNTY/PROVINCE: SAN DIEGO
24. ZIP CODE: 92117
25. YEARS IN COUNTY: 53
26. STATE/FOREIGN COUNTRY: CA

INFORMANT

27. INFORMANT'S NAME, RELATIONSHIP: GARY MELSON - SON
28. INFORMANT'S MAILING ADDRESS: 6460 CONVOY CT. #201, SAN DIEGO, CA 92117

SPOUSE AND PARENT INFORMATION

29. NAME OF SURVIVING SPOUSE — FIRST: -
30. MIDDLE: -
31. LAST (Maiden Name): -
32. NAME OF FATHER — FIRST: UNK.
33. MIDDLE: -
34. LAST: STURGEON
35. BIRTH STATE: UNK.
36. NAME OF MOTHER — FIRST: SADIE
37. MIDDLE: -
38. LAST (Maiden): NORDLOH
39. BIRTH STATE: IN

FUNERAL DIRECTOR/LOCAL REGISTRAR

40. DISPOSITION DATE: 06/01/2004
41. PLACE OF FINAL DISPOSITION: MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102
42. TYPE OF DISPOSITION(S): CR/BU
43. SIGNATURE OF EMBALMER: NOT EMBALMED
44. LICENSE NUMBER: -
45. NAME OF FUNERAL ESTABLISHMENT: AMERICAN CREM. SERV.
46. LICENSE NUMBER: FD-1752
47. SIGNATURE OF LOCAL REGISTRAR: Nancy L Bowen MD
48. DATE: 06/01/2004

PLACE OF DEATH

100. PLACE OF DEATH: PLEASANT CARE NURSING & REHAB
102. IF HOSPITAL, SPECIFY ONE: IP [ ] EROP [ ] DOA [ ]
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: Hospice [ ] Nursing Home/LTC [X] Decedent's Home [ ] Other [ ]
104. COUNTY: SAN DIEGO
105. FACILITY ADDRESS OR LOCATION WHERE FOUND: 2828 MEADOWLARK DR.
106. CITY: SAN DIEGO

CAUSE OF DEATH

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

Time Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) → CONGESTIVE HEART FAILURE — (a) 1 YR

Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

(b) ISCHEMIC HEART DISEASE — (b) 20 YRS

(c) — (c)

(d) — (d)

108. DEATH REPORTED TO CORONER? YES [ ] NO [X]

109. BIOPSY PERFORMED? YES [ ] NO [X]

110. AUTOPSY PERFORMED? YES [ ] NO [X]

111. USED IN DETERMINING CAUSE? YES [ ] NO [X]

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

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): NO

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

PHYSICIAN'S CERTIFICATION

115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
Decedent Attended Since: (a) 04/12/2004 — Decedent Last Seen Alive: (b) 05/10/2004
116. SIGNATURE AND TITLE OF CERTIFIER: /MINI
117. LICENSE NUMBER: G16367
118. DATE: 06/01/2004
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: JOHN A. BERGER MD., 205 WALNUT AVE. SAN DIEGO, CA 92103

CORONER'S USE ONLY

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

STATE REGISTRAR

A | B | C | D | E

FAX AUTH. # BAYVIEW 2409859

CENSUS TRACT

A01249647

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: June 7, 2004

Nancy L Bowen MD
NANCY L. BOWEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

E 19703

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That

GARY MELSON

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE , a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

MOUNT HOPE CEMETERY
DIVISION 10 LOT 3760

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary , or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Signature

x Gary Melson
Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of California County of San Diego

On June 27 ~~19~~ 2004 before me, the undersigned, a Notary Public in and for said State

personally appeared, Gary Lee Melson

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

WITNESS my hand and official seal

x Misael Zaldivar (SEAL)
Notary Public Signature

MISAEL ZALDIVAR
Commission # 1429908
Notary Public - California
San Diego County
My Comm. Expires Jul 12, 2007

OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney
DATE OF DOCUMENT _____ NUMBER OF PAGES _____
SIGNER(S) OTHER THAN NAMED ABOVE _____

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-3-06

230135

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARMANDO DE LA TORRE (Jesus)

in a Bx or O (Type of Burial Container) Funeral, date, time Friday May 5, 06

Church, Chapel (Graveside) ; Guadalupana Mortuary (Jose 654-4524)

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

Division 9 Section 1 Blk/Row _____ Lot 728 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	Ø
Opening/Closing & Setup	178.00
Burial Container 21L x 13W x 12h	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-59600	527.67
Balance due	Ø

PAID

MAY 03 2006

MOUNT HOPE CEMETERY

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

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

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E-19704

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

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

61750

Date: 6/22, 2009

From: Bloodelatories Address: on file

One hundred, fourteen Dollars ($ 114.00)

in full Payment of Selling Fee for [illegible] M. DeLaTorre

Div 9 Sec 1 Blk/Row Lot 728 Grave 1

Invoice No. E-19704

Acct. No.

W.O.

BALANCE DUE

☐ Money Order
☑ Charge 004420
☐ Check

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

RECEIVED
JUN 22 2009
By

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	114	—
Sales Tax	60101		
	78390		
TOTAL PAID	$	114	—

AC-212A (11-08)
This information is available in alternative formats upon request.

MT HOPE CEMETERY E-19704

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Paulette Date: _____

Interment space for: Armando De la Torre

Interment Date: 5-3-06 Time: _____

Div: 9 Sect: 1 Blk/Row: _____ Lot: 728 Gr: _____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 5/4/06

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 05-03-06 E19704

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: Guadalupana
☐ FAMILY MEMBER / REPRESENTATIVE Jose (Cell) 654-4524
CONTACT PERSON:
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED:

NAME OF DECEASED: (Fetus) UCSD ~~Infant~~

LAST NAME: De La Torre
FIRST NAME: Armando INITIAL: Martin
D.O.D. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: x x
21 L x 13 W x 12 h

DIV 9:1

FUNERAL SERVICE:
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE
LOCATION OF SERVICE:
DATE OF SERVICE: TIME OF SERVICE:
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

CEMETERY PROPERTY: ☐ A/N ☐ P/N ☐ P/N Trust

DIV: SECT: BLK/ROW: LOT: GR:
☐ SINGLE GRAVE ☐ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:
TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS: This friday 5/5/06

parents address: 3821 nat'l ave. ~~[illegible]~~ San Diego
mort. $527.67
We choose lot. They will Bring check.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19704

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARMANDO	MARTIN	DE LA TORRE	04/28/2006	05/01/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ELOISA DE LA TORRE, GRANDMOTHER 3821 NATIONAL AVENUE SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶ Joe Chavez	05/04/2006

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	05/04/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S)

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST,SAN DIEGO,CA,92102	11B. DATE BURIED 5-5-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Joe Corrales	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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
Res
OK KK

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

✓ LOW INCOME ✓ Date 5-3-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anet Enos #230130

In a Liner (Type of Burial Container) Funeral, date, time FRI MAY 5,06 2:00 583-9511

Church, Chapel, Graveside : Featheringill Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. [signature] X

Division 11 Section 2 Blk/Row ____ Lot 7 Grave 2

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container Liner	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.46
Total Due	1,679.46
Paid receipt number R-59603	1,679.46
Balance due	Ø

PAID MAY 03 2006 MOUNT HOPE CEMETERY

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

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

[signature] X
Signature

X Edison Enos #230131
Print Name

X
Address

X 4920 OCEAN VIEW BLVD
City Zip Code

X San Diego CA 92113
Telephone 619-263-0253

Invoice # ____

Work Order # E-19705

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

LINER E-19705

		Gilberto Regalado	X	Archie Prewitt		

Blind Check Initiated By: Sandra Date: 5-3-06

Interment space for: ANET ENOS

Interment Date: FRI MAY 5, 06 Time: 2:00 Graveside

Div: 11 Sect: 2 Blk/Row: ____ Lot: 7 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-4-06

E/9705

003833680-0001 - 28023569
PO BOX 19785
IRVINE CA 92623-9785

CBB1
(©)

Address Service Requested

CALIFORNIA BUSINESS BUREAU INC

1711 SOUTH MOUNTAIN AVENUE
MONROVIA, CA 91016

For Inquiries Call: (858)492-1515

04/19/2006

proof of Residency

CREDITOR: Paradise Valley Hospital
RE: ENOS, ANET
CLIENT REF #: 27057678

#BWNHPGX
#280235693#
ENOS, ANET
APT 2
4920 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-2090

*PRINCIPAL:	$1,182.00
INTEREST:	$48.56
FINANCE CHARGE:	$0.00
***TOTAL DUE:**	$1,230.56

This is an attempt to collect a debt by a debt collector, and any information obtained will be used for that purpose.

Your account has been assigned to California Business Bureau for collection. As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. However, we will not submit a negative credit report to a credit reporting agency about this obligation until the expiration of the time period described on the reverse side of this letter.

Please contact us if you have any questions.

Respectfully,

PATRICIA CESENA
Account Manager
003833680-03-0098
0001-0000746

*THIS AMOUNT MAY INCLUDE MULTIPLE ACCOUNTS IF MORE THAN ONE ACCOUNT HAS BEEN ASSIGNED FOR COLLECTION.

See reverse for important information.

E19705

Declaration Control Number (DCN)
00 - 300994 - 10410 - 6

IRS Use Only–Do not write or staple in this space.

Form **8453**

Department of the Treasury
Internal Revenue Service

U.S. Individual Income Tax Declaration for an IRS e-file Return

For the year January 1-December 31, 2005

▶ See instructions on back.

OMB No. 1545-0074

2005

Use the IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: EDISEN	Last name: ENOS	Your social security number: [redacted]
If a joint return, spouse's first name and initial: ANET	Last name: ENOS	Spouse's social security no.: [redacted]
Home address (number and street). If you have a P.O. box, see instructions.: 4920 OCEANVIEW BLVD	Apt. no.: 2	△ Important! You must enter your SSN(s) above. △
City, town or post office, state, and ZIP code: SAN DIEGO CA 92113		Daytime phone number: 619-741-6809

Part I Tax Return Information (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	5,980
2	Total tax (Form 1040, line 63; Form 1040A, line 38; Form 1040EZ, line 10)	2	909
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 39; Form 1040EZ, line 7)	3	
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	1,123
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 12)	5	

Part II Declaration of Taxpayer (Sign only after Part I is completed.) Be sure to keep a copy of your tax return.

6a [X] I consent that my refund be directly deposited as designated in the electronic portion of my 2005 Federal income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

b [ ] I do not want direct deposit of my refund **or** I am not receiving a refund.

c [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2005, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent to allow my electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgment of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund.

Sign Here ▶ CLIENT COPY
Your signature — Date

▶ CLIENT COPY
Spouse's signature. If a joint return, **both** must sign. — Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare that I have reviewed the above taxpayer's return and that the entries on Form 8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶ OLEGARIO AGUILAR | Date | Check if also paid preparer [X] | Check if self-employed [X] | ERO's SSN or PTIN: [redacted]

Firm's name (or yours if self-employed), address, and ZIP code ▶ A & S INCOME TAX SERVICE
12510 WESTMINISTER AVE
SANTA ANA CA 92706

EIN

Phone no. 714-554-5716

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed [ ] | Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ▶

EIN

Phone no.

E19705

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 Deceased: Anet Eaps

Address: 4920 Ocean View Blvd #2

City: San Diego State CA Zip Code 92113

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

		Annual Income			Annual Income
☑	(1)	$13,440	☐	(4)	$37,310
☐	(2)	$22,020	☐	(5)	$44,030
☐	(3)	$30,230	☐	(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.

Signed/ Relationship — Date 05-03-06

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 tax statement ☐ Other _____

Approved by — Date

Current IRS Tax Return verified on:
Approved By _____
Date _____

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

E19705
age 38

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANET	-	ENOS	11/15/1967	04/20/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]N DIEGO	SAN DIEGO	EDISON ENOS, SPOUSE 4920 OCEANVIEW BLVD. SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Dorny	05/02/2006

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	05/02/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 5-5-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fergu	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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.)

(NON-Res)
AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Garry Wins #230153

in a Liner (Type of Burial Container) Funeral, date, time Thurs MAY 11, 06 11:00

Church, Chapel, Graveside MT Erie church; Allison 760-745-2162 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00 will be applied and billed to undersigned. Theartis Evans X

Division 10 Section ____ Blk/Row ____ Lot 3760 Grave ____

Grave space & Care Fund E-19703	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$ 708.00
Burial Container Liner	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	$1,454.82
Paid receipt number R-59615	1,454.82
Balance due	0

PAID
MAY 09 2006
MOUNT HOPE CEMETERY

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

#230129

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

Theartis Evans X
Signature

X THEARTIS EVANS
Print Name
X 4790 Colola Ave
Address
X SD, CA 92113
City Zip Code
X 619 318-1133
Telephone

Invoice # ____

Work Order # E-19706

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

OWNE
Theartis Evans

AT-Need
ReS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-06

228997

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marion Bell JR.

in a Liner (Type of Burial Container) Funeral, date, time Tue May 9 06 1:00p.

Church, Chapel, Graveside ; Ragsdale Kevin Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 12 Section 1 Blk/Row Lot 92 Grave 3

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$533.00
Burial Container Liner	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	$3,358.93
Paid receipt number R-59613	3,358.93
Balance due	0

PAID
MAY 08 2006
MOUNT HOPE CEMETERY

Mort To pay Ragsdale
Per Kevin Las
Family IN Vegas

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

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

X
Signature

X see attach
Print Name

X for signature
Address

X
City Zip Code

X
Telephone

Pick gravesite close
To Florence
McDowell Bell

Invoice #

Work Order # E-19707

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Audrey Bell
Rm 213
Fax 702-798-5657

MT HOPE CEMETERY E19707

GRAVE BLIND CHECK FORM

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

			#3 X	James Howard		
	#6 James Blunt	#7 macho Sirenda	#8			

Blind Check Initiated By: Sandra Date: 5-8-06

Interment space for: Marion Bell

Interment Date: Tues May 9, 06 Time: 1:00p. Chapel

Div: 12 Sect: 1 Blk/Row: ____ Lot: 92 Gr: 3

Grave Laid out by: KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E19707
age 62

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Marion	-	Bell, Jr.	03/11/1944	05/01/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Las Vegas	Nevada	Marion Bell, III, Son 1266 Carlton Terrace Union, New Jersey 07083

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	05/08/2006

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	05/08/2006 B. Campbell	2604253 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 5-9-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

E-19707

DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 03-11-11 C005 1084

MARION BELL
7810 BROOKHAVEN RD
SAN DIEGO CA 92114

SEX:M HAIR:BLK EYES:BRN
HT:5-11 WT:185 DOB:03-11-44

MARION BELL

09/30/2005 S06 S6 FD/11

E19707

AT-Need
ReS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-06

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

in a Liner (Type of Burial Container) Funeral, date, time Tue May 9, 06 1:00p.

Church Chapel Graveside Ragsdale Kevin Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Audrey Bell X

Division 12 Section 1 Blk/Row ____ Lot 92 Grave 3

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$533.00
Burial Container Liner	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	$3,358.93
Paid receipt number R-59613	$3,358.93
Balance due	0

Mort To pay
Per Kevin Las
Family IN Vegas

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

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

Audrey Bell X
Signature

Pick Graveside close
To Florence
McDowell Bell

X Audrey Bell
Print Name

X 22 Evely Court
Address

X Maplewood NJ 07040
City Zip Code

X 973-327-2039
Telephone

Invoice # ____

Acct. # ____

Work Order # E-19707

REA-104 (3-04)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need (RES)

1st Burial only

Date 5-8-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kevin Crosby #230154

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Thurs MAY 11, 06 10:00

Church, Chapel, Graveside : Thurs MAY 11 06 Community Mortuary 426-3556

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213

will be applied and billed to undersigned. Johnie Crosby X

Division 12 Section 2 Blk/Row ____ Lot 157 Grave 5

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container DD Crypt 1st Burial	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	$3,896.77
Paid receipt number R-59611	3,896.77
Balance due	Ø

PAID

MAY 08 2006

MOUNT HOPE CEMETERY

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

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

Johnie Crosby X
Signature

X Johnie Crosby #229626
Print Name

X 8421 Moeline Pl
Address

X San Diego 92114
City Zip Code

X 619 267-8869
Telephone

Invoice # ____

Work Order # E-19708

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19708

GRAVE BLIND CHECK FORM

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

DD crypt 1st Burial

	Roy Reed	Francis Moua	#5 X			
			#11	#12 Frances Mercer		

Blind Check Initiated By: Sandra Date: 5-8-06

Interment space for: Kevin Crosby

Interment Date: Thurs MAY 11, 06 Time: 10:00 GS

Div: 12 Sect: 2 Blk/Row: ____ Lot: 157 Gr: 5

Grave Laid out by: KEN & D

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 5-9-06

E19708

State of California

Benefits Identification Card

ID No. 94510848A75101
KEVIN CROSBY
M 08 14 1992 Issue Date 04 11 05

San Diego Trolley, Inc.

Crosby, Kevin

D

Pass Valid Until: 4/27/2005

DEPENDENT

E19708 age 13

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KEVIN	ROMAN	CROSBY JR	09/14/1992	05/02/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	VICTOR MARSHALL, LEGAL GUARDIAN 241 DEEROCK PLACE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA CA 91911	FD1682	▶ Victor Marshall	5/8/06

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	05/08/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 5-11-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Moriez	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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.)

E-19708

Lot 157 Section 2 Division 12

Plots are for - Lot 157 Sect 2 Div 12

Dionna Suggs with Kevin Jr Crosby	Kids mom	E-19708 5
Keionna Crosby	grand daughter	E-19795 6
DACYCZYN CROSBY	granddaughter	E-19795 6
KEVIN CROSBY SR	son	E-19795 11

Reserve these grave sites for my family

E19394 Div 10 Lot 974
I do not wish anyone to be intern in this grave

7-24 2006
Johnnie Crosby
619 267 8869
Cell 619 508 5075

MT. HOPE CEMETERY

(NON-RES) **INTERMENT ORDER**

City of San Diego

in grave w/ William M. Petty

Date 5-8-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARGARET E PETTY ~~Ø~~ #222250

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

Church, Chapel, Graveside delivery only ; Humphrey Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Jeffrey 409-1651

will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row — Lot 77 Grave 5

*Grave space & Care Fund N/A D-8074	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	179.—
Burial Container	104 —
Handling Fees	114.—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.—
Sales taxes	8.06
Total Due	510.06
Paid receipt number R-59612	510.06
Balance due	Ø

PAID MAY 08 2006 MOUNT HOPE CEMETERY

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

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

X William E. Cook
Signature

X WILLIAM E. COOK
Print Name

X 4753 ARVICK RD. SE
Address

X PORT ORCHARD WA 98366
City Zip Code

X (360) 895-2329
Telephone

Paulette

Invoice #

Work Order # E-19709

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19709

GRAVE BLIND CHECK FORM

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

	Gaxiola		Penny		Nelson	
	Mills	VanDeCam	x	Walker	Golding	
		Mills		Walker		

Blind Check Initiated By: Paulette Date: 5/19

Interment space for: Margaret E. Petty ☒

Interment Date: AYD Time:

Div: 11 Sect: 2 Blk/Row: Lot: 77 Gr: 5

Grave Laid out by: [signature]

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: [signature] Date: 5-19-06

E-19709 age 83

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

21005

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARGARET	E.	PETTY	08/29/1922	05/05/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	WILLIAM E. COOK, SON 4753 ARVICK RD. S.E. PORTORCHAND, WA 98366

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person Having Name	8B. DATE SIGNED
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964		05/11/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	05/12/2006	NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-15-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Lagan	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE. COSTA MESA, CA 92626	12B. DATE CREMATED MAY 15 2006	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Non-Res.
10 chairs

Date 5/8/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ronald Scott #230179

in a DDepth "A" (GS) Funeral, date, time Friday, May 12 @ 2:30

Type of Burial Container

Church, Chapel, Graveside ; Berge Roberts Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283

will be applied and billed to undersigned. Gretchen Scott

Division 11 Section 1 Blk/Row ____ Lot 162 Grave 6

PAID

MAY 08 2006

MOUNT HOPE CEMETERY

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	717.00
Handling Fees	604.00
Flower vases – Marker setting fee (1) galvanized vase & MIF	280.47
Recording/Filing/Transfer Fees	85.00
Sales taxes	55.57
Total Due	5,461.04
Paid receipt number Visa Card Ap# 006261	5,461.04
Balance due	Ø

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

#230180

Gretchen Scott
Print Name

2928 Orange Pl.
Address

Lemon Grove 91945
City Zip Code

619 697-8877
Telephone

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

Gretchen Scott
Signature

Invoice # ____

Work Order # E-19710

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E19710

GRAVE BLIND CHECK FORM

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

DD crypt "A"

		Reid	Reid	Ranget		
			X	←	Harris	
			Gnn			

Blind Check Initiated By: Paulette Date: 5-9

Interment space for: Ronald Scott

Interment Date: Fri. May 12 Time: 2:30 G.S.

Div: 11 Sect: 1 Blk/Row: ____ Lot: 162 Gr: 6

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-10-00

E19710
age 72

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RONALD	EMMANUAL	SCOTT	05/24/1934	05/04/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
N DIEGO	SAN DIEGO	GRETCHEN SCOTT, WIFE 2928 ORANGE PL. LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-N.C., 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284	▶ Chris Orr	05/08/2006

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	05/09/2006	NANCY L BOWEN, MD ▶

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-12-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Moreno	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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.)

E-19710

PERIOD OF ACTIVE DUTY

FROM

23 January 1953

TO

22 January 1956

SIGNATURE OF INDIVIDUAL

Ronald E Stotts

SIGNATURE OF CERTIFYING OFFICER (Typed name and grade)

L. BETTS, CWO, USMC

If found, drop in mail box. Postmaster: Postage guaranteed. Return to: Commandant of the Marine Corps (Code DGK), Washington 25, D.C.

GPO : 1951—O-935480

E19710

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: MARINE CORPS

SEPARATION DATA

CHARACTER OF SEPARATION: HONORABLE

1. LAST NAME—FIRST NAME—MIDDLE NAME: SCOTT, Ronald Emanuel
2. SERVICE NUMBER: 1061596
3. GRADE, RATE OR RANK: Cpl
4. COMPONENT AND BRANCH OF SERVICE: USMC
5. EFFECTIVE DATE OF SEPARATION: 22 Jan 56
6. TYPE OF SEPARATION: Rel fr Act Du
7. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL: 0311; RELATED CIVILIAN OCCUPATION AND D. O. T.: [illegible]; YRS
8. REASON AND AUTHORITY FOR SEPARATION: Rcd MCO # 171
9. PLACE OF SEPARATION: Camp, Hqtrs, MCS, Quantico, Va.
10. DATE OF BIRTH: 24 Jan 34
11. PLACE OF BIRTH (City and State): Chicago, Ill.
12. DESCRIPTION: RACE: Caucasian; COLOR: Brown; COLOR EYES: Hazel; HEIGHT: 68; WEIGHT: 127
13. REGISTERED: YES
14. SELECTIVE SERVICE NUMBER
15. SELECTED TO BE TRANSFERRED TO RESERVE CORPS
16. ENLISTED / COMMISSIONED / CALLED FROM INACTIVE DUTY
18. GRADE, RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: Pvt
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: 23 Jun 53, Chicago, Ill.
20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State): 4116 N. Ravenswood Ave., Chicago, Cook, Ill.

SERVICE DATA

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (-) SERVICE COMPUTED FOR PAY PURPOSES INCLUDING THIS PERIOD	0	0	0
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	0	0
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	0	0	0
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	3	0	0

25. ENLISTMENT ALLOWANCE PAID OR EXTENSION OF ENLISTMENT, IF ANY: DAY -; MONTH -; YEAR -; AMOUNT -
26. FOREIGN AND/OR SEA SERVICE: YEARS 1; MONTHS 4; DAYS 18
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: National Def Serv Mdl, UN Serv Mdl, Korean Serv Mdl.
28. MOST SIGNIFICANT DUTY ASSIGNMENT: -
29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): Lost NGLI $100.00 on 1/22/56 GEORGE JONES B53-466
30. SERVICE SCHOOLS OR COLLEGES, CLERICAL TRAINING COURSES: Infty, [illegible] Cancelled; DATES: [illegible]; MAJOR COURSES: Infantry; 31. TECHNICAL TRAINING COURSES

INSURANCE AND PAY DATA (ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE unless otherwise indicated)

GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter or insurance will lapse. (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver—premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in Item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 9-3). When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.

32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM: Income $1
32B. ACTIVE SERVICE PRIOR TO 28 APRIL 1951: YES / NO / UNKNOWN
33. MONTH ALLOTMENT DISCONTINUED: -
34. MONTH NEXT PREMIUM DUE: 22 May 56
35. TOTAL PAYMENT UPON SEPARATION: $331.33
36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT: $48.12
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER: GEORGE JONES B53-466

AUTHENTICATION

38. REMARKS (Continue on reverse): Transferred from USMC to USMCR with obligated service until 22 Jan 61 under DOT & F Act as amended. Reason for reenlistment.
39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN:
NAME, GRADE AND TITLE (Typed): [illegible], CPO, USMC, Personnel Officer

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type): COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: -
CLAIM NUMBER: -
41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM 1952 TO 1953
42. MAIN CIVILIAN OCCUPATION: Case Stripper
43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER: 5200 N. Roosevelt Rd., Chicago, Ill.
44. UNITED STATES CITIZEN: YES / NO
45. MARITAL STATUS: Single
46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR 8; HIGH SCHOOL 4; COLLEGE -; DEGREE(S): -; MAJOR COURSE OR FIELD: Acad.
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County, and State): 1061 E. 82nd St., Chicago, Cook, Ill.
48. SIGNATURE OF PERSON BEING SEPARATED:

DD FORM 1 JUL 52 214 EDITION OF 1 JAN 50 IS OBSOLETE. VETERANS ADMINISTRATION CENTRAL OFFICE COPY (ALL SERVICES: TO VETERANS ADMINISTRATION CENTRAL OFFICE, WASHINGTON 25, D. C.)

E-19710

CERTIFICATE OF SERVICE
ARMED FORCES OF THE UNITED STATES

CORPORAL 1361396

THIS IS TO CERTIFY THAT

RONALD EMANUEL SCOTT

HONORABLY SERVED ON ACTIVE DUTY IN THE

United States Marine Corps

DD FORM 217 MC 1 JAN 51

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05/08/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ta'Niyah - Carey 18mos. old

in a O-liner (Type of Burial Container) Funeral, date, time SAT. MAY 13 11:00

Church, Chapel, Graveside ; CA BURIAL Mortuary 234-3272 Nat'l City

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

Division 9 Section 2 Blk/Row ____ Lot ____ Grave 1

Grave space & Care Fund	142.-
Overtime/Late Arrival Fees SAT. FEE	355.-
Opening/Closing & Setup	178.-
Burial Container SIZE ~~32L x 15W x 13.5~~ (MARTIN)	~~99.-~~
Handling Fees New size 46L x 21W x 18L	~~36.-~~
Flower vases – Marker setting fee ~~N/A~~	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	~~7.67~~
Total Due	~~882.67~~
Paid receipt number R 59616	~~882.67~~
Balance due	0

PAID MAY 11 2006 MOUNT HOPE CEMETERY

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

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

X Signature

X Print Name

X Address

X City Zip Code

X Telephone

See attached

Paulette

Invoice # ____

Work Order # E-19711

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

At Need
Non-Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/9/06

230169

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

in a Liner (Type of Burial Container) Funeral, date, time ~~Friday May 12 10:00~~ Weds May 17 9:00

Church (X) Chapel Graveside Delivery Only CA BURIAL Mortuary martin-Eccason

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

Division 12 Section 1 Blk/Row — Lot 68 Grave 9

Grave space & Care Fund	3011.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.—
Burial Container	359.—
Handling Fees	275.—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	80.—
Sales taxes	27.82
Total Due	4465.82
Paid receipt number R-59623 = 600.— R-59624 = 2000.— R-59625 = 865.82 R-59626 = 1000.—	{-4465.82
Balance due	Ø

PAID
MAY 12 2006
MOUNT HOPE CEMETERY

Pk (619) 286-2674

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

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

Signature

Paulette

X Sandra Thomas
Print Name

X 2912 Ground Robin Dr
Address

N Las Vegas NV 89084
City Zip Code

702 265 5811
Telephone

Invoice # _____

Work Order # E-19712

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 19712

GRAVE BLIND CHECK FORM

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

			Moore			
			X	Hernandez		Blake
			Mechana			

Blind Check Initiated By: Paulette Crawford Date: 5-10-0

Interment space for: Elizabeth Thomas

Interment Date: Friday May 12 Time: 10:00 Chapel

Div: 12 Sect: 1 Blk/Row: ____ Lot: 68 Gr: 9

Grave Laid out by: Norman Fe

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: Kenneth Allen Date: 5/16/0

E19712
age 64

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ELIZABETH	-	THOMAS	11/20/1941	05/07/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LAS VEGAS	NEVADA	SANDRA THOMAS-DAUGHTER 2912 GROUND ROBIN DR. NORTH LAS VEGAS, NV 89084

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115	FD-1357

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [illegible]	05/15/2006

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$11.00	05/15/2006 V MITCHELL	▶ 2604283

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 5/17/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need

Date 5-9-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Neva Edna Smith Pin # 230143

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

Church, Chapel, Graveside _____ ; _____ Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 1 Grave 3

Grave space & Care Fund	426.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65
Sales taxes	6.12
Total Due	$10.12
Paid receipt number P-00276	$10.12
Balance due	0

PAID
MAY 09 2006
MOUNT HOPE CEMETERY

Res fee
COL 50917674 6-21-12
resident

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

I hereby authorize the interment in lot I hold under deed. Pin # 230143

Print Name Neva E. Smith

Address 5550 Genesee Ct E. #212

City San Diego Zip Code 92111

Telephone 858 278-6378

Signature Neva Smith

Invoice # _____

Work Order # E-19713 Acct. # _____

REA-104 (3-04) *This information is available in alternative formats upon request.*

© Printed on recycled paper

deed mailed 5-11

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need

Date 5-9-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Paul Victor Isenmann Pin # 230144

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 1 Grave 4

Grave space & Care Fund	426.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	810.12
Paid receipt number P.00277	810.12
Balance due	0

PAID
MAY 09 2006
MOUNT HOPE CEMETERY

Res. fee
CDL C0605983
10-24-09

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

Pin # 230144

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

Paul V. Isenmann
Signature

PAUL VICTOR ISENMANN
Print Name
6329 OSLER ST.
Address
SAN DIEGO, CA 92111
City Zip Code
858 472-1611
Telephone

Invoice # _____

Work Order # E-19714

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

deed mailed 5/11

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 5-9-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Combs #230178

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

Church, Chapel, Graveside _____ Ragedale Kevin Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.-

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 92 Grave 1

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R-59618	3,358.93
Balance due	0

PAID
MAY 11 2006
MOUNT HOPE CEMETERY

MORT. TO PAY

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

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

x Cynthia Smith
Signature

x Cynthia Smith
Print Name

x 6595 Radio Dr. #2
Address

x San Diego, CA 92114
City Zip Code

x (619) 266-8709
Telephone

Invoice # _____

Work Order # E-19715

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-19715

GRAVE BLIND CHECK FORM

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

			X			Geter
		Williams	Blunt		Sirondar	

Blind Check Initiated By: Paulette Date: 5/15

Interment space for: David Combs

Interment Date: 5-16-06 Time: 1:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 92 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: Kenneth Collins Date: 5/15/06

E-19715
age 58

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DAVID	ELEXANDRIA	COMBS JR	11/02/1947	05/06/2006 FND	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CYNTHIA SMITH, COMPANION 6595 RADIO DRIVE #2 SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	05/09/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed plated 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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	05/11/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-15-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/10/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aroner Beaner Jr. #230172

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Tuesday May 16, 2006 12:00

(Church) Chapel, Graveside _____. Preferred Mortuary. fax 384-7030

All Funeral cars 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 2923 A Grave _____

Grave space & Care Fund	E-3543	0
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup	E-18773	0
Burial Container	"	0
Handling Fees	"	0
Flower vases – Marker setting fee	N/A	—
Recording/Filing/Transfer Fees	E-18773	0
Sales taxes		0
Total Due		0
Paid receipt number	N/A	—
Balance due		0

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

#216508

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

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Signature _____

Paulette

Invoice # _____

Work Order # E-19716

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E19716

GRAVE BLIND CHECK FORM

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

Shurtz	Shurtz	Franklin				
		Lampkin	X		Beaner	
			Brady	Cook	Cook	Dillon

Blind Check Initiated By: Paulette Date: 5/12/2006

Interment space for: "A" Abner Beaner / "B" Lorenzo Beaner

Interment Date: 5/16/06 Tues. Time: 12:00 Church

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2923 Gr: ____

Grave Laid out by: KEN + JOSE

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: David Moriez Date: 5-12-06

E-19716
age 76

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Aroner	--	Beaner, Jr.	03/20/1930	05/08/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Inglewood	Los Angeles	Delaine Beaner, Daughter 639 63rd Street San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Preferred Cremation and Burial 6163 University Avenue San Diego, CA 92115	FD1746

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT — Person taking permit: ▶ [signature] 8B. DATE SIGNED: 05/11/2006

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: 05 / 12 / 2006

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA:
Vital Records Room L1
313 B, Bigueroa St.
Los Angeles, CA 90012

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA:
San Diego County Vital Records
3851 Rosecrans St.
San Diego, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 5 16 06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/10/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aroner Beaner Jr.

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Tuesday May 16, 2006 12:00

Church, Chapel, Graveside _____ ; Preferred Mortuary fax 584-7030

All Funeral cars 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 2923 Grave _____

Grave space & Care Fund	E-3543	0
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup	E-18773	0
Burial Container	"	0
Handling Fees	"	0
Flower vases – Marker setting fee	N/A	—
Recording/Filing/Transfer Fees	E-18773	0
Sales taxes		0
Total Due		0
Paid receipt number	N/A	—
Balance due		0

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

#216508

I hereby authorize the interment in lot I hold under deed

Lizzie Richburg
Signature

Lizzie Richburg
Print Name

2368 Blackfish Dr
Address

San Diego Ca Ca 92105
City Zip Code

619 264-0983
Telephone

Paulette

Invoice # _____

Work Order # E-19716

Acct. # _____

RSA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on Recycled Paper

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/10/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lorenzo Beaner #230173

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time Tuesday May 16 2006 12:00

Church, Chapel, Graveside _____ : Preferred Mortuary.

Fax 584-7030

All Funeral cars 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 2923B Grave _____

Grave space & Care Fund	E-3543	0
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup	E-18773	0
Burial Container	"	0
Handling Fees	"	0
Flower vases – Marker setting fee	N/A	0
Recording/Filing/Transfer Fees	E-18773	0
Sales taxes	"	0
Total Due		0
Paid receipt number	N/A	—
Balance due		0

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

#216508

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

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Invoice # _____

Paulette

Work Order # E-19717

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY

E-19717

GRAVE BLIND CHECK FORM

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

Shurtz	Shurtz	Franklin				
		Lampkin	X		Beaner	
			Brady	Cook	Cook	Dillon

Blind Check Initiated By: Paulette Date: 5/12/2006

Interment space for: "A" Abner Beaner / "B" Lorenzo Beaner

Interment Date: 5/16/06 Tues. Time: 12:00 Church

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2923 Gr: ____

Grave Laid out by: KEN + JOSE

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: David Moriez Date: 5-12-06

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/10/06

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

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time Tuesday May 16 2006 12:00

Church, Chapel, Graveside Preferred Mortuary

fax 504-7030

All Funeral cars 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 2923 Grave _____

Grave space & Care Fund	E-3543	0
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup	E-18773	0
Burial Container	"	0
Handling Fees	"	0
Flower vases – Marker setting fee	N/A	0
Recording/Filing/Transfer Fees	E-18773	0
Sales taxes	"	0
Total Due		0
Paid receipt number	N/A	—
Balance due		0

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

#216508

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

X Lizzie Richberg
Signature

X Lizzie Richberg
Print Name

X 2368 Blackton Dr
Address

X San Diego Ca 92105
City Zip Code

+619-264-0983
Telephone

Paulette

Invoice # _____

Work Order # E-19717

Acct # _____

REA-164 (5-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19717

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 69

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LORENZO	LEON	BEANER	08/13/1936	05/09/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LIZZIE DEAN RICHBURG, SISTER 2368 BLACKTON DR. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION & BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶	05/11/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
	05/11/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5-16-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/11/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ta'Niyah Carey #230161

in a OX LINER (Type of Burial Container) Funeral, date, time Sat. May 13, 2006 11:00

Church/Chapel, Graveside ; CA Burial Mortuary. Nat'l City Claudette

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

will be applied and billed to undersigned. _____

Division 9 Section 2 Blk/Row _____ Lot 599 Grave _____

Grave space & Care Fund	277.–
Overtime/Late Arrival Fees Sat Fee	355.–
Opening/Closing & Setup	277–
Burial Container Size 46L x 21w x 18H	135–
Handling Fees	71.–
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65–
Sales taxes	10.46
Total Due	1190.46
Paid receipt number R-59616 –	882.67
Balance due	307.79
R-59619 –	307.79

PAID MAY 12 2005 MOUNT HOPE CEMETERY

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

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

x Morlon Carey Jones
Signature

#230162
x MORLON CAREY JONES
Print Name
x 4095 VALETA St #C
Address
SAN DIEGO 92110
City Zip Code
619 309 5352
Telephone

Invoice # _____

Work Order # E-19718

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19718

GRAVE BLIND CHECK FORM

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

0X LINER

Wyche						
			X		Hawkins	

Blind Check Initiated By: Paulette Date: 5-11-06

Interment space for: Ta'Niyah Carey

Interment Date: Sat. May 13 Time: 11:00

Div: 9 Sect: 2 Blk/Row: ____ Lot: 599 Gr: ____

Grave Laid out by: KEN & JOSE

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: ____ Date: ____

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE:
619-527-3400

DATE	YOUR ORDER NO.
5/11/2006	E-19718

TO:
MARLON CAREY-JONES
4095 VALETA #C
SAN DIEGO CA 92110

DESCRIPTION OF CHARGE	AMOUNT
The balance due for the interment of Ta'Niyah Carey. Please pay this amount as requested on or before Tuesday, May 16, 2006.	$307.79

Thankyou,

David Lugo,
Cemetery Manager

PAID
MAY 12 2006
MOUNT HOPE CEMETERY

E-19718

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05/08/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ta'Niyah-Carey 18mos. old

in a O-Liner (Type of Burial Container) Funeral, date, time SAt. MAY 13 11:00

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 234-3272 Nat'l City

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 513 Grave 1

Grave space & Care Fund	142.–
Overtime/Late Arrival Fees SAT. FEE	355.–
Opening/Closing & Setup	178.–
Burial Container SIZE 38L x 15W x 13.5 (MARTIN)	99.–
Handling Fees	36.–
Flower vases – Marker setting fee N/A	—
Recording/Filing/Transfer Fees	65.–
Sales taxes	7.67
Total Due	882.67

Paid receipt number _____

Balance due _____

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

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

X Morlon Carey Jones
Signature

X Morlon Carey-Jones
Print Name

X 4095 Valeta St #C
Address

X San Diego, CA 92110
City Zip Code

X 619-309-5352
Telephone

Paulette

Invoice # _____

Work Order # E-19711

Acct. # _____

REA-104 (8-04)

This information is available in alternative formats upon request.

Mortuary Will Bring Check Thursday Before 3pm

E19718
14 8mths

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TA'NIYAH	SHAYWAUN	CAREY	09/13/2004	05/06/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MORLON CAREY-JONES, GRANDMOTHER 4095 VALETA ST.,APT.#C SAN DIEGO, CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPE, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶	

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	05/10/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)

BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST.,SAN DIEGO, CA 92102	11B. DATE BURIED 5-13-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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.)

E 19718

Form **W-9**
(Rev. January 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
MOUNT HOPE CEMETERY

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☒ Other ▶ GOVERMENT MUNICIPALITY ☒ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
3751 MARKET STREET

Requester's name and address (optional)

City, state, and ZIP code
SAN DIEGO CA 92102

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. *If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.*

Social security number
| | | | | | | | | |

or

Employer identification number
9 5 6 0 0 0 7 7 6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.).

Sign Here Signature of U.S. person ▶ Paulette Crawford Paulette Crawford CAII Date ▶ May 10, 2006

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. *If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.*

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

05/10/2006 12:18 16195313759 PAGE 02/03

E 19718

JESUS RODRIGUEZ
ASSISTANT DISTRICT ATTORNEY

OFFICE OF
THE DISTRICT ATTORNEY
COUNTY OF SAN DIEGO

BONNIE M. DUMANIS
DISTRICT ATTORNEY

San Diego
330 West Broadway
San Diego, CA 92101
(619) 531-3915
(619) 531-3759 Fax

http://www.sandiegoda.com

Restitution Enforcement Division

Phone: (619) 615-6916 or (619) 531-3915
FAX: (619) 531-3759

Facsimile transmittal

Billing Dept

To: Paulette Fax: 619-527-3403

From: Emory Date: 05/10/06

Re: Funeral/Burial Bill Pages: 3 (include Cover)

CC:

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

Comments: work order # E19711
Deceased: Ta'niyah Carey
(DOD 05/06/06)

We are evaluating an Emergency Funeral Burial Bill submitted by Marlon Carey-Jones. Please submit the previously sent W-9 Tax I.D. form. Also, please submit a letter (Company letterhead) indicating the Reason urgency of payment; And the client's lack of finances to pay for the Funeral Burial expenses. Thank you.

E 19718

MT. HOPE CEMETERY
CITY OF SAN DIEGO
3751 MARKET STREET
SAN DIEGO, CA 92102
(619)527-3400

MT. HOPE FAX REMINDER

TO: (Victims of Crime)
Office Of The District Attorney

FROM: Mt. Hope Cemetery

MORTUARY: California Burial

DATE: May 10, 2006

FAX NUMBER: (619)531-3759

PHONE NUMBER: (619)615-6916

COURTESY REMINDER

This fax is a ***courtesy reminder*** that payment for burial services at Mt. Hope has not been received.

Mt. Hope policy is that all services must be paid 48 hours in advance of the service date. Please contact Mt. Hope as soon as possible to arrange payment before noon today. Mt. Hope is not responsible for services that are not paid 48 hours in advance. Mt. Hope reserves the right to cancel services if payment is not received.

Your cooperation is sincerely appreciated.

Service Ta'Niyah Carey

Service Date May 13, 2006 (Saturday)

Date May 10, 2006

Signed Cemetery Manager

3751 MARKET STREET
SAN DIEGO, CA 92102
619-527-3400
FAX 619-527-3403

6 mths In[illegible]omb
AT-Need
(Res)
Baby Boy
measurement OF Casket Attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-11-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BoL Gatkuoth #230187

in a BX (Type of Burial Container) Funeral, date, time Fri MAY 12th, 06 2:30p.

Church, Chapel Graveside ; Monica MAyer 281-7055 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. Simon WAKoa X

Division 9 Section 1 Blk/Row _____ Lot 513 Grave _____

Grave space & Care Fund	$142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container LINER BX	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	$527.67
Paid receipt number R-59617	$527.67
Balance due	0

PAID
MAY 11 2006
MOUNT HOPE CEMETERY

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

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

Simon WAKoa X
Signature

X Simon WAKoa
Print Name
X 3660 Del Sal Blvd C
Address
X San Diego CA 92154
City Zip Code
X 619 754 6558
Telephone

Invoice # _____

Work Order # E-19719

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19719

mother of Decease
INFant baby
Bol Gatkuoth 6 mths In womb

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 05-02-11

B6910560

CLASS:C

NYAGILE MAGANGA NGUNAR
3660 DEL SOL BLVD C
SAN DIEGO CA 92154

SEX:F HAIR:BLK
HT:5-03 WT:185 DOB:05-02-67

Nyagile Ngunar
03/15/2006 677 44 FD/11

MT HOPE CEMETERY E1971.9

GRAVE BLIND CHECK FORM

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

Liner BX

			X			
Hunter						
	Kelley				King	

Blind Check Initiated By: Paulette Date: 5/8/06

Interment space for: Ta'Niyah - Carey

Interment Date: SAT. MAY 13 Time: 11:00 Church

Div: 9 Sect: 1 Blk/Row: ____ Lot: 513 Gr: 1

Grave Laid out by: KEN & JOSE

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: [illegible] Date: 5-11-06

E-19719

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

6 mths IN womb

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BOL	SIMON	GATKUOTH	05/04/2006	05/04/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	NYAGILE M. NGUNAR - MOTHER 3660 DEL SOL BLVD. #C SAN DIEGO, CA 92154 #230188

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MATEK MORTUARY, 2859 ADAMSU AVE. SAN DIEGO,CA 92116	FD-1424	▶	05/12/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 102060 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	05/12/2006 R.MARTINEZ	2604276 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-12-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE	

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

E19719

MT. HOPE CEMETERY
CITY OF SAN DIEGO (RESIDENT)

MT. HOPE FAX REMINDER

TO:

FROM: Mt. Hope Cemetery

MORTUARY:

DATE:

FAX NUMBER:

PHONE NUMBER:

Approving Signature from Mortuary: M. Molina

Infant & Child Liner Request Form- Resident

In order to ensure that proper burial arrangements are made please fill out the following information and fax to Mt. Hope Cemetery immediately. Our fax number is (619) 527-3403.

Please circle the measurement that is the same or slightly *larger* than the burial container your mortuary will be using. Do not check a measurement that has a width, length, or height that is *smaller* than the burial container being used. Thank you for your cooperation.

Width	Length	Height		Width	Length	Height
14"	30"	13" ooa		18"	48"	16" o-a
16"	32"	16" bx		22"	51"	20" ox
18"	36"	16" o		20"	58"	22" #2
Above Measurements for Infant Div. 9 Sect. 1			Infant Ash in Div 9 Sec 1	Above Measurements for Children Div. 9 Sect. 2 & 3		
Total Cost: $527.67			Total Cost: $477.12	Total Cost: $835.46		

11" x 22½" x 7"
W L H

3751 MARKET STREET
SAN DIEGO, CA 92102
619-527-3400
FAX 619-527-3403

AT-need
Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-12-06

#230175

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Albert Rucker 1:00 P.m

in a Liner (Type of Burial Container) Funeral, date, time Monday MAY 15th, 06

Church (Chapel) Graveside Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row Lot 129 Grave 4

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container LINER	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	$3,358.93
Paid receipt number R-59622	3,358.93
Balance due	0

PAID
MAY 12 2006
MOUNT HOPE CEMETERY

mort to pay

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

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

X
Signature

X
Print Name

X
Address

X
City Zip Code

X
Telephone

Ragsdale please sign Interment order & fax back to Mt Hope

Invoice # _____

Work Order # E-19720

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19720

GRAVE BLIND CHECK FORM

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

		LOT 118 #8 Barnett Blackwell	LOT 118 #9 Richard Wilson	LOT 118 #10		
	#2 Elsie Munoz		#4 X	Eddie Davis #5	#6 Don Neabors	

Blind Check Initiated By: Sandra Date: 5-12-06

Interment space for: Albert Rucker

Interment Date: Monday MAY 15, 06 Time: 1:00 p.m. Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 129 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 5/15/06

E19720

age 77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALBERT	REDDING	RUCKER	09/28/1928	05/10/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JULIE LACEY, NIECE 5349 DRESSAGE DRIVE BONITA, CA 91902

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	05/15/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	05/15/2006	NANCY L BOWEN, MD ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- -

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-15-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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.)

OFFICIAL RECEIPT

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

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

59622

Date: 5-12-06, 2006

From: Ragsdale Address: 5050 Federal Blvd SD 92102

Three Thousand Three hundred Fifty-Eight 93/100 Dollars ($3,358.93)

in Full Payment of AT Need Services For Albert Rucker

Div 12 Sec 2 Blk/Row ____ Lot 129 Grave 4

Invoice No. E-19720

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check

AC-212A (11-05) #13288

This information is available in alternative formats upon request.

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

PAID

MAY 12 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	452	80
20% Sales Care	77184		
80% Sales	100	1,811	20
of Lots	77184		
Opening/	100		
Closing	77181	533	00 O/C
Burial	100		
Containers	77182	270	00 B/C
	100		
Handling Fee	77185	206	00 H/F
Recording &	100		
Misc. Fees	77183	65	00 R/F
Sales Tax	60101	20	93 Tax
	78390		
TOTAL PAID	$	3,358	93

13288

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

SAN DIEGO NATIONAL BANK
4420 KETTNER BLVD.
SAN DIEGO, CA 92101
90-3868/1222

05/12/2006

PAY TO THE ORDER OF Mt. Hope Cemetery $ **3,358.93

Three Thousand Three Hundred Fifty-Eight and 93/100********** DOLLARS

Security features. Details on back.

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

MEMO: Gravesite: 2006-103 Rucker, Albert

⑈013288⑈ ⑆122238682⑆ 7003850480⑈

[redacted]

E-19720

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date:	5-12-06	From:	Sandra
To:	Ragsdale	Telephone #:	(619) 527-3400
Telephone #:		Fax #:	(619) 527-3403
Fax #		Pages (including this cover sheet):	2
Subject:	Information to be filled in by Mortuary		

Mt. Hope must receive confirmation of the date, time and/or payment for burial services with-in 24 hours of receiving this fax or burial will not be scheduled.

Date and time faxed to Mortuary:	5-12-06 9:00
Burial fee amount due:	$3,358.93
Burial service fee for:	Albert Rucker
Date and time of burial service:	Mon MAY 15, 06 1:00 pm
Due date of burial fee to Mt Hope Cemetery:	48 hrs B4 Services
Prepared by:	
Signature:	
Mortuary Approval (print name):	BLAIR Campbell
Signature:	Blair Campbell
Date faxed back to Mt. Hope Cemetery:	
Comments:	Please Sign Interment order & return TO MT Hope

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

Pre-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-12-06

230155 230156

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Lawrence/Judith Anfinson

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

Church, Chapel, Graveside : Mortuary.

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

will be applied and billed to undersigned.

Division 5 Section 8 Blk/Row Lot 15 Grave 10

Grave space & Care Fund	B-9071	—
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	2 @ 199.00	398.00
Burial Container	2 @ 104.00	208.00
Handling Fees	2 @ 114.00	228.00
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	2 @ 85.00	170.00
Sales taxes	2 @ 8.06	16.12
	Total Due	1,020.12
	Paid receipt number P-00289	204.02
	Balance due	816.10

PAID DEC 04 2006 MOUNT HOPE CEMETERY

pd in full bal of $204.10 P-00603

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

Pin 230156

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

X Judith Anfinson (Signature)

X JUDITH ANFINSON (Print Name)

X 4584 THIRD ST (Address)

X LA MESA CA 91941 (City, Zip Code)

X 619-466-6664 (Telephone)

Paulette

Work Order # E-19721

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Deed mailed 12/05/06

E-19721 DIV 5 SEC 8 LOT 15 GR 10 $34.00 a month Due 15th of each month PRE_NEED TRUST

#230156 619-466-6669

ANFINSON, JUDITH & LAWRENCE 4584 Third STreet La Mesa CA 91941

	debit	credit	balance
5/12/2006 Opened pre-need trust for two cremation burials	1020.12		1020.12
Trust: two o/c @ $199 each= $398, two b/c @ $104 each= $204, two h/f @ $114 each= $228, two r/f fees @ $85=$170 sales tax $16.12 P-00289 Down Payment		204.02	816.10
5-27-06 P-00306 3-Payments coupons 1,2,3 June, July, Aug 06		102.00	714.10
7-6-06 P-00371 3-Payments 4,5,6 Sept, Oct, Nov 06		120.00	594.10
8-4-06 P-00430 over paid last month, she wanted to pay only the diff. 7,8,9 Dec, Jan, Feb 2007		84.00	510.10
9-6-06 P-00474 3-payments 10,11,12 Mar, April, May 2007		102 -	408.10
10-5-06 P-00520 " " 13,14,15 June, July, Aug 2007		102 -	306.10
11-2-06 P-00561 " " 16,17,18 Sept, Oct, Nov 2007		102 -	204.10
12/4/06 P-00603 6 payments 19-24		204.10	Ø

Paid in full 12-4-06

cynthia moms #

619-466-6669

OFFICIAL RECEIPT

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

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

P 00306

Date: 5-27 , 20 06

From: L. Anfinson Address: on record

One hundred two and 00 Dollars ($ 102 -)

in part Payment of 3 - Payments 1, 2, & 3 on trust.

Div 5 Sec 8 Blk/Row Lot 15 Grave 10

Invoice No. E - 19721

Acct. No.

W.O.

BALANCE DUE $ 714 -

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3148

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

PAID

MAY 27 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	102 —
Trust	77186	
TOTAL PAID		$ 102 —

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

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

P 00603

Date: December 4, 2006

From: Lawrence Arjenson Address: on record

Two hundred four and 10/00 Dollars ($ 204.10)

in part Payment of Pre-need paid in full coupons 19-24

Div 5 Sec 8 Blk/Row Lot 15 Grave 10

Invoice No. E-19721

Acct. No.

W.O.

BALANCE DUE $ Ø

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 3205

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

PAID

DEC - 4 2006

MOUNT HOPE

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	204.10
Trust	77186	
TOTAL PAID		$ 204.10

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

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

P 00561

Date: 11-2, 20 06

From: J. Anfinson Address: on record

One hundred two and 00 Dollars ($ 102.-)

in part Payment of Pre-need account, coupons 16, 17, -18.

Div 5 Sec 8 Blk/Row Lot 15 Grave 10

Invoice No.

Acct. No. E-19721

W.O.

BALANCE DUE $ 204.10

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 399

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

PAID

NOV - 2 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	102.—
Trust	77186	
TOTAL PAID		$ 102.—

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

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

P 00520

Date: 10-5-, 20 06

From: Lawrence/Judith Anfinson Address:

One hundred two and 00/ — Dollars ($ 102 —)

in Part Payment of Pre-need trust.

Div 5 Sec 8 Blk/Row Lot 15 Grave 10

Invoice No. E 019721

Acct. No.

W.O.

BALANCE DUE $ 306.10

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

PAID

OCT 06 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	102 —
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3192 ISSUED BY Paulette

TOTAL PAID $ 102 —

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

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

P 00474

Date: 9-6, 2006

From: Lawrence / Judith Anfinson Address: on record

One Hundred two and 00 Dollars ($ 102.-)

in Part Payment of Pre-need trust, 3 payment coupons.

Div 5 Sec 8 Blk/Row Lot 15 Grave 10

Invoice No. E-19721

Acct. No.

W.O.

BALANCE DUE $408.00

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 3178

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

PAID

SEP - 5 2006

MOUNT HOPE CEMETERY

ISSUED BY pCrawford

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	102.—
Trust	77186	
TOTAL PAID		$ 102.—

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

[redacted]

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

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

P 00430

Date: 8-4, 20 06

From: Judith M. Anfinson Address: or record

eighty-four Dollars ($ 84.—)

in part Payment of Pre-need trust.

Div 5 Sec 8 Blk/Row Lot 15 Grave 10

Invoice No. E -19721

Acct. No.

W.O.

BALANCE DUE $ 510.10

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3168

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

PAID

AUG 04 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	84 —
Trust	77186	
TOTAL PAID	$	84 —

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

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

P 00371

Date: 7-6, 2006

From: Lawrence/Judith Anderson Address: on record

One hundred twenty 00 Dollars ($ 120.-)

in part Payment of Pre-need trusts. (3 payment 4,5,6)

Div 5 Sec 8 Blk/Row Lot 15 Grave 10

Invoice No. E-19721

Acct. No.

W.O.

BALANCE DUE $6120

☐ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check 3160

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

PAID

JUL - 6 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	120 —
Trust	77186	

TOTAL PAID $ 120 —

AC-212 (11-05)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need (RES)

Date 5-15-06

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

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

Church, Chapel, Graveside _____ : _____ Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 90 Grave 10

Grave space & Care Fund	$ 2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container TS Vault	355.00
Handling Fees	263.00
Flower vases / Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	$ 3,685.51
Paid receipt number pd by Visa	$ 3,685.51
Balance due	0

PAID MAY 15 2006 MOUNT HOPE CEMETERY

I hereby certify I am the Family of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. pin# 228100

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

Signature X

co/purchaser #230159
Eddie Wansley SR.
purchaser Brenda Joyce Wansley

Print Name X BRENDA J. WANSLEY

Address X 1030 QUAIL ST.

City X SAN DIEGO Zip Code CA. 92102

Telephone X 619 266-1460

Invoice # _____

Acct. # _____

Work Order # E-19722

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19722

DMV CALIFORNIA DMV

DRIVER LICENSE

CLASS:C

EXPIRES 01-07-10

N3169861

BRENDA JOYCE WANSLEY
1038 QUAIL ST
SAN DIEGO CA 92102

SEX:F HAIR:BLK
HT:5-00 WT:165 DOB:01-07-57

11/18/2004 23S RB FD/10

pre-need
Lot & Trust
1st & 2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-15-06

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

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

Church, Chapel, Graveside _____ : _____ Mortuary

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

will be applied and billed to undersigned _____

Division 12 Section 1 Blk/Row _____ Lot 83 Grave 4

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	0
Opening/Closing & Setup 2 @ $533.00	1,066.00
Burial Container DD crypt	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees 2 @ $65.00	130.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number pd by visa	$899.00
95-07 P00957 Balance due	$3,595.77

PAID SEP 5 2007 MOUNT HOPE CEMETERY

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

#228100

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

Signature X

co purchaser #230159
Eddie Wansley SR.
Purchaser Brenda Joyce Wansley

X Print Name BRENDA J. WANSLEY
X Address 1030 QUAIL ST.
X City SAN DIEGO CA Zip Code 92102
X Telephone 619 266-1460

Invoice # _____

Work Order # E-19723

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19723

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 01-07-10

N3169861

CLASS:C

BRENDA JOYCE WANSLEY
1030 QUAIL ST
SAN DIEGO CA 92102

SEX:F HAIR:BLK EYES:BLK
HT:5-00 WT:165 DOB:01-07-57

11/18/2004 Z35 R8 F0/10

First payment Due June 15, 06 monthly $150.00 Due 18th each month

Pin# 228100 CO/Purchaser Eddie Wansley Sr. Pine#230159 E-19723

Wansley, Brenda Joyce 1030 Quail St. SD CA 92102 619. 266-1460

DIV 12	SEC 1	LOT 83	GR 4	DEBIT	CREDIT	BALANCE
05-15-06	Opened Pre-Need Lot & Trust for 1st & 2nd burial, trust to include (2) O/C, DD crypt B/C, H/F, (2) R/F, Taxes			$4,494.77	$899.00	$3,595.77
6-8-06	Coupon #1	P-00331	June 2006		150.-	3445.77
7-17-06	Coupons 2-8	P-00396	July-Jan 2007		1050-	2395.77
2/13/07	Coupon 9	P-00691	Feb 2007		150-	2245.77
3/15/07	Coupon 10	P-00748	Mar 2007		150.-	2095.77
4-12-07	Coupon 11	P-00785	Apr 2007		150.-	1945.77
5-14-07	Coupon 12	R-60066	May 2007		150-	1795.77
6-15-07	Coupon 13	P-00865	June 2007		150-	1645.77
7-16-07	Coupon 14	P-00897	July 2007		150-	1495.77
8-9-07	" 15	P-00929	Aug 2007		150-	1345.77
9-5-07		P-00957			1345.77	-0-

PAID

SEP - 5 2007

MOUNT HOPE CEMETERY

PAID

JUN 1 2007

MOUNT

military Section

MT. HOPE CEMETERY

INTERMENT ORDER

mock Setup
military Section

City of San Diego

Date 5-15-06

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

of Hillard Lacy

in a _____ Funeral, date, time Thurs MAY 18 06 2:00 p.m
Type of Burial Container

Church, Chapel, Graveside _____, Preferred mark Mortuary
584-7000

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

will be applied and billed to undersigned. _____

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

Grave space & Care Fund	PAID	—
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	MAY 17 2006	—
Burial Container		—
Handling Fees	MOUNT HOPE CEMETERY	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	mock setup	$71.00
Sales taxes		—
mort to pay	Total Due	—
	Paid receipt number R-59629	$71.00
	Balance due	— Ø

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

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

X _____
Signature

X _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E-19724

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19724
59629

OFFICIAL RECEIPT

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

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

Date: 5/17, 20 06

From: Preferred Cremation Address:
Mock Set Up for Hillard Lacy Dollars ($ 72.00)

in _____ Payment of _____

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

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE ~~0~~

☐ Money Order
☐ Charge
☑ Check 3667

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE
PAID
MAY 17 2006
MOUNT HOPE CEMETERY
ISSUED BY Maria D.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	71	00
Sales Tax	60101		
	78390		
TOTAL PAID	$	71	00

AC-312A (11-05)
This information is available in alternative formats upon request.

PREFERRED CREMATION AND BURIAL
WWW.PREFERREDCREMATION.COM
PH. 619-584-7000 FAX 619-584-7030
6163 UNIVERSITY AVENUE
SAN DIEGO, CA 92115

16-49 604
1220
6040023877

3667

DATE 05/19/2006

PAY TO THE ORDER OF Mt. Hope Cemetery $ 71.00

Seventy One 00/100 DOLLARS

UNION BANK OF CALIFORNIA
NORTH PARK #604
2927 UNIVERSITY AVENUE, SAN DIEGO, CA 92104
800 238 4486

Commitment To Quality & Service

FOR Hillard Lacy Mock Set up

⑆122000496⑆ 6040023877⑈ 3667

AT-Need
(NON-RES)
1st & 2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pd IN Full 6-13-06
R-59667

Date 5-15-06

ARRIVAL TIME 3:09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnnie Bonner JR #230200

in a DD crypt A (Type of Burial Container) Funeral, date, time Tues May 23, 06 1:00

Church, Chapel, Graveside Bethel AME : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00 will be applied and billed to undersigned. Tessie Faye Bonner X

Division 11 Section 1 Blk/Row _____ Lot 52 Grave 2

Grave space & Care Fund		$3,011.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2 @ $708.00	$1,416.00
Burial Container	DD crypt	$717.00
Handling Fees		$604.00
WO#4917 Flower vases / Marker setting fee	galvase ✓ 43.47 & Bronze $255.00	$298.47
Recording/Filing/Transfer Fees	2 @ $85.00	$170.00
Sales taxes		$55.57
MorT TO pay	Total Due	$6,272.04
	Paid receipt number R-59631	$6,272.04
	Balance due	0

PAID
MAY 18 2006

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

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

Tessie Faye Bonner X
Signature

X Tessie F. Bonner #230201
Print Name

X 1314 Ridgeview Way
Address

X Bonita CA 91902
City Zip Code

X 619-421-6490
Telephone

pd 6-13-06
pd IN Full
R-59667

mailed Deed 5-24-06
Billed late arrival fee 5-25-06

Invoice # _____

Work Order # E-19725

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E19725

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. 1st Burial DD crypt

			Tree			
			#7 X	Klopcic Lucille		
			#8 Flint Charles	Nash Audrey		

Blind Check Initiated By: Sandra Date: 5-22-06

Interment space for: Johnnie Bonner JR

Interment Date: Tues May 23, 06 Time: 1:00 church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 52 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-19-06

OFFICIAL RECEIPT

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

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

59631

Date: 5-18-06, 20 06

From: Ragsdale Address: 5050 Federal Blvd

six thousand two hundred seventy-two 04/100 Dollars ($ 6,272.04)

in Full Payment of AT Need Services For Johnnie Bonner JR, bal vase & Bronze marker setting Fee

Div 11 Sec 1 Blk/Row Lot 52 Grave 2

Invoice No. E-19725

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check

AC-2124 (11-05) #13316

This information is available in alternative formats upon request.

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

MAY 18 2006

MOUNT HOPE

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101		
	78390		
TOTAL PAID	$	6,272	04

13316

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

SAN DIEGO NATIONAL BANK
1420 KETTNER BLVD
SAN DIEGO, CA 92101
90-3868/1222

05/18/2006

PAY TO THE ORDER OF Mt. Hope Cemetery $ **6,272.04

Six Thousand Two Hundred Seventy-Two and 04/100********** DOLLARS

Security features. Details on back.

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

MEMO: Gravesite: 2006-108 Bonner Jr, Johnnie

⑈013316⑈ ⑆122238682⑆ 7003850480⑈

E-19725

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
BONNER JR. JOHNNIE (N)	468 55 63	AK3	2 May 56

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH DAY	MONTH	YEAR
U. S. Navy USN	Beaufort County, North Carolina	9	May	34

7a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	g. U.S. CITIZEN	8. MARITAL STATUS
Negroid	Male	Black	Brown	72"	197	☒ YES ☐ NO	Married

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
High School-04-	Academic

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
Transfer to USNR-R	USNAS North Island, San Diego, California

c. REASON AND AUTHORITY	d. EFFECTIVE DATE DAY	MONTH	YEAR
Expiration of Active Obligated Service BuPers Manual Article C-10319 & BuPers Inst 1910.5D	15	May	59

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
USNAS North Island, San Diego, California	Honorable	DD217N

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED DAY	MONTH	YEAR
31 7 34 111	#7 Washington, Beaufort, North Carolina	-	-	-

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED

Commandant Eleventh Naval District

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION DAY	MONTH	YEAR	19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY DAY	MONTH	YEAR
17	May	63	☒ ENLISTED (First Enlistment) ☐ ENLISTED (Prior Service) ☐ REENLISTED ☐ OTHER:	04	18	May	55

20. PRIOR REGULAR ENLISTMENTS	21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE	22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
0	AR	Raleigh, North Carolina

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)

719 Gladden St.
Washington, Beaufort, North Carolina

24a. SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER
0000	

24. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	03	11	28
	(2) OTHER SERVICE	00	00	00
	(3) TOTAL (Line (1) + line (2))	03	11	28
b. TOTAL ACTIVE SERVICE		03	11	28
c. FOREIGN AND/OR SEA SERVICE		01	02	09

25. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

Good Conduct (1)

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)

None

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

SCHOOL OR COURSE a	DATES (From - To) b	MAJOR COURSES c
None		None

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED

Aviation Supply Vol 1 & 2

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
☐ YES ☒ NO	- - - - - - - -	- - -

31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)	b. VA CLAIM NUMBER
None	- - - - - - - -

AUTHENTICATION

32. REMARKS No. days leave paid—25 RECOMMENDED FOR REENLISTMENT
NonPay Status——None
5/15/59 No mop paid. Released from all active duty at 2400 on 5/15/59.

J. E. MILLER, LTJG, SC, USNR B5193

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State)

3966½ Teak St. San Diego, California

34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED

Johnnie Bonner, Jr.

35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER

C.W.MUNROE LT USNR ASST MIL PERS OFF BY DIR OF CO

b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

[illegible]

E19725

age 72

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHNNIE	-	BONNER JR	05/09/1934	05/14/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
BONITA	SAN DIEGO	TESSIE FAYE BONNER, WIFE 1314 RIDGEVIEW WAY BONITA, CA 91902

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	05/16/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	05/17/2006	NANCY L BOWEN, MD ▶

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-23-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — 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.)

Pete-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/15/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AMOS DAVID LOWDER # 230195

in a Double Depth Crypt "A" (Type of Burial Container) Funeral, date, time Friday May 19 11:00

Church, Chapel, Graveside Family Witness: Ragsdale Mortuary. lowering

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

will be applied and billed to undersigned. Kris A Lowder

Division 8 Section 1 Blk/Row ____ Lot 641 Grave 1

Grave space & Care Fund	2,264
Overtime/Late Arrival Fees	~~566~~
Opening/Closing & Setup (2) burials	1,066
Burial Container DD Crypt "A"	539.00
Handling Fees	454.00
Flower vases/Marker setting fee ✓	65.71
Recording/Filing/Transfer Fees (x2)	130.00
Sales taxes	41.77
→ marker Installation	178.00
Total Due	4,738.48
Paid receipt number R-59628	
Balance due	Ø

Trial wo# 4909

PAID MAY 15 2006 MOUNT HOPE CEMETERY

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

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

Kris A Lowder
Signature

#230196

KRIS A LOWDER
Print Name

4131 Poplar ST
Address

SAN DIEGO 92105
City Zip Code

619 269-4541
Telephone

resident fee

Invoice # ____

Work Order # E-19726

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

NO MARKER

MT HOPE CEMETERY E-19726

GRAVE BLIND CHECK FORM

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

				CUTINO	SAVEDRA	
			X	WROBBEL	LYDA(?)	
		EVERIDGE	CROSSMAN			

Blind Check Initiated By: Paulette Date: 5/16

Interment space for: Amos Lowder

Interment Date: Friday May 19 Time: Witness Only 11:0

Div: 8 Sect: 1 Blk/Row: ____ Lot: 641 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 5/16/06

E-19726

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 70

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AMOS	DAVID	LOWDER	03/18/1936	05/14/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KRIS ANN LOWDER, DAUGHTER 4131 POPLAR STREET SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	05/16/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	05/17/2006	▶ NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-19-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS 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 ▶		
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 DISPOSER – IF APPLICABLE	

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

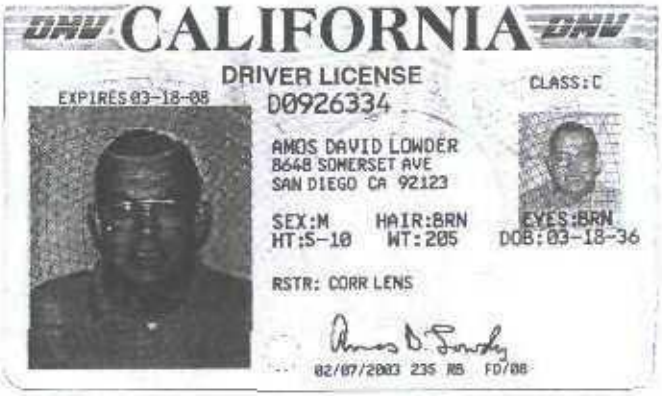
SPECIAL INSTRUCTIONS REGARDING CREMATION

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, 7115, 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.)

E19726



DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 03-18-08

D0926334

CLASS: C

AMOS DAVID LOWDER
8648 SOMERSET AVE
SAN DIEGO CA 92123

SEX: M HAIR: BRN EYES: BRN
HT: 5-10 WT: 205 DOB: 03-18-36

RSTR: CORR LENS

02/07/2003 23S MB FD/08

E-19726

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 07-22-09

C0279622

CLASS:C

KRIS ANN LOWDER
4131 POPLAR ST
SAN DIEGO CA 92105

SEX:F
HT:5-06
HAIR:BLN
WT:370
EYES:BLU
DOB:07-22-63

Kris A Lowder

07/15/2004 506 22 FD/09

Pre-need
Trust
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-17-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stella Nada PenYAK # 222035

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

Church, Chapel, Graveside _____ Mortuary

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 100 Grave 6

Grave space & Care Fund	E-498 (1979) Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$533.00
Burial Container	TS Vault 355.00
Handling Fees	263.00
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	$1,243.51
Paid receipt number	P-00294 $1,243.51
Balance due	Ø

PAID
MAY 17 2006
MOUNT HOPE CEMETERY

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

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

Stella N. Penyak X
Signature

X Stella N. Penyak
Print Name
X 4531 Pocahontas Ave.
Address
X San Diego, Ca. 92117
City Zip Code
X 858-274-4677
Telephone

Invoice # _____

Work Order # E-19727

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19727

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 12-18-07 N0090312 CLASS:C

STELLA NADA PENYAK
4531 POCAHONTAS AVE
SAN DIEGO CA 92117

SEX:F HAIR:BRN EYES:BRN
HT:5-02 WT:150 DOB:12-18-35

RSTR:CORR LENS

Stella N. Penyak

11/07/2002 S19 20 FD/07

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Quitclaim Transfer

Date 5-17-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of to Skipper Ragsdale from Lillie Mae Peterson

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

Church, Chapel, Graveside _____ _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section — Blk/Row — Lot 751 Grave 1

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.–
Sales taxes	—
Total Due	65.–
Paid receipt number MasterCard AP # 006581	65.–
Balance due	Ø

PAID
MAY 17 2006
MOUNT HOPE CEMETERY

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

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

Signature

Print Name H.W. RAGSDALE, III

Address 5650 FESTIVAL BLVD.

City SAN DIEGO, CA 92102 Zip Code

Telephone 619 263-3141

Invoice # _____

Work Order # E-19728

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19728

THE CITY OF SAN DIEGO

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

Date: May 17, 2006

I/We Lillie Mae Peterson

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Skipper Ragsdale
Street Address: _____ Apt / Unit #: _____
City: _____ ST: _____ Zip-Code: _____
Telephone #: ( )

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 10 Section: " " Blk / Row: " "
Lot(s): 751 *Grave(s):* 1

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 17th day May 2006

EXECUTED IN THE PRESENNCE OF
THE FOLLOWING WITNESS:

Ena L. Ragsdale-Bragg — WITNESS
Lillie M. Ragsdale — Legal Owner / Representative Signature

WITNESS — Legal Owner / Representative Signature

CEMETERY REPRESENTATIVE NAME — Cemetery Representative Signature

AT-Need
Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-18-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Archie TAylor #223826

in a TS Vault (Type of Burial Container) Funeral, date, time Thurs mAy 25, 06 1:00

Church, Chapel, Graveside _____ Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned X

Division 11 Section 1 Blk/Row _____ Lot 138 Grave 9

Grave space & Care Fund E-16283	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$ 533.00
Burial Container TS Vault	355.00
Handling Fees	263.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	$ 1,243.51
Paid receipt number RC59635	1,243.51
Balance due	Ø

PAID
MAY 23 2006
MOUNT HOPE CEMETERY

mort To pay

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

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

X
Signature

X see attach
Print Name
X for signature
Address
X
City Zip Code
X
Telephone

Invoice # _____

Work Order # E-19729

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need
Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E19729

Date 3-21-01

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

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

Church, Chapel, Graveside _____ Mortuary

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

will be applied and billed to undersigned. _____

Lot 138 Grave 9 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number R-53483	895.00
Balance due	0

PAID
MAR 21 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

_____
Signature of recorded holder of deed

X Valerie A. Ricks
Signature
X 6655 Park Ridge Blvd.
Address
X San Diego, CA 92120
City Zip Code
X (619) 466-0378
Telephone

Invoice # _____

Work Order # E 16283

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

E19729

GRAVE BLIND CHECK FORM

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

			#3 Charles Lawless	#4 Caroline Lawless		
			#9 X	#10 Bessie Taylor		

Blind Check Initiated By: Sandra Date: 5-22-06

Interment space for: Archie Taylor

Interment Date: Thurs MAY 25, 06 Time: 1:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 138 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morrison Date: 5-23-06

AT-need
Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-18-06

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

in a TS Vault (Type of Burial Container) Funeral, date, time Thurs May 25, 06 1:00

Church (Chapel), Graveside _____ ; _____ Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. _____ X

Division 11 Section 1 Blk/Row _____ Lot 138 Grave 9

Grave space & Care Fund	E-16283	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		$ 533.00
Burial Container	TS Vault	355.00
Handling Fees		263.00
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		65.00
Sales taxes		27.51
Total Due		$ 1,243.51

Paid receipt number _____

Balance due _____

5/19/2006
MORTUARY
TO PAY
B Campbell

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

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

Valerie A. Ricks X
Signature

X Valerie A. Ricks
Print Name
16655 Park Ridge Blvd
Address
X San Diego Ca 92120
City Zip Code
X 619 466-0378
Telephone

Invoice # _____

Work Order # E-19729

Acct. # _____

This information is available in alternative formats upon request.

E19729

age 85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARCHIE	KEMP	TAYLOR	09/10/1920	05/17/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	VALERIE RICKS, DAUGHTER 6655 PARK RIDGE BLVD SAN DIEGO, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Elaine Anderson	05/23/2006

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

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	05/23/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-26-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Joe Gonzales.	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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

DD crypt 1st Burial only

Date 5/18/06

Verified

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pablo Ibarra #230181

in a double depth (Type of Burial Container) Funeral, date, time TUES MAY 23 11:00

Church, Chapel, Graveside _____ : ALTLAN Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 JLI will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row _____ Lot ~~108~~ 119 Grave ~~2~~ B

Grave space & Care Fund	2,264
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container DD crypt "A" 1st Burial	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.00
Total Due	3,896.77
Paid receipt number Pd by MASTERCARD	# AP-018228
Balance due	0

PAID MAY 18 2006 MOUNT HOPE CEMETERY

I hereby certify I am the son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. #230182

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

X _____ Signature

per David Lugo

X JOSE L. IBARRA Print Name

X 811 BILLOW DR. Address

X SAN DIEGO 92114 City Zip Code

X (619) 303-3373 Telephone

Invoice # _____

Work Order # E-19730

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-19730

GRAVE BLIND CHECK FORM

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

				Perez	Kurtz	Holme
			X			

Blind Check Initiated By: Pauliene Date: 5-22

Interment space for: Pablo Ibarra

Interment Date: 5/23 Time: Tues May 23 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 119 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: DARRCYL Date: 5-22-06

E19730
age 74

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PABLO	-	IBARRA	01/25/1932	05/19/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
N DIEGO	SAN DIEGO	JOSE IBARRA, SON 811 BILLOW DR SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658	▶ [signature]	05/22/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	05/22/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 5-23-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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
NON-Resident

Date 5-19-06

In grave of Leo Pellegrini

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

of ELIZABETH PELLEGRINI @ #230233

in a ASH VAULT (Type of Burial Container) Funeral, date, time ~~Mon Jun 5 9:00~~

Church, Chapel, Graveside Delivery Only! ; ELCAJON Mortuary AYD

619) 440-5742 DALLAS

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

will be applied and billed to undersigned. _____

Division 2 Section 3 Blk/Row 5 Lot 26 Grave 1

Grave space & Care Fund C-2193	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number R-59648	510.06
Balance due	Ø

PAID
JUN - 2 2006
MOUNT HOPE CEMETE...

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

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

X
Signature

X
Print Name

X
Address

X
City Zip Code

X
Telephone

See Attached

Ashes del. 6/5/06

Paulette

Invoice # _____

Work Order # E-19731

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

on grave of Leo Pellegrini E19731

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

ASH VAULT ⊗

				Rush		
	Korolioris	ILYASEVICHENE	X		Avery	Avery

Blind Check Initiated By: Paulette Crawford Date: 6-2

Interment space for: ELIZABETH PELLEGRINI ⊗

Interment Date: AYD Time: AYD

Div: 2 Sect: 3 Blk/Row: 5 Lot: 26 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Flag

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 6/5/06

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need
NON-Resident

Date 5-19-06

In grave of LEO Pellegrini

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELIZABETH PELLEGRINI @

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

Church, Chapel, Graveside : Mortuary

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

will be applied and billed to undersigned.

Division 2 Section 3 Blk/Row 5 Lot 26 Grave 1

Grave space & Care Fund C-2173	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number	
Balance due	

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

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

X Charles A Pellegrini
Signature

X Charles A Pellegrini
First Name

X 4123 Robertson Blvd
Address

X Alexandria, VA 22309
City Zip Code

X 703 780 6647
Telephone

Pauette

Invoice #

Work Order # E-19731

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

@ Printed on recycled paper

Quitclaim Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/19/06

Pin 230189

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Patience Hartigan Ferbe / Elizabeth Jane Wilmot

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division MAS Section P Blk/Row _____ Lot 5 Grave 4, 5, 6

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	—
Total Due	85.00
Paid receipt number R-59632	85.00
Balance due	—

PAID

MAY 19 2006

MOUNT HOPE CEMETERY

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

Pin 230190

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

x Elizabeth Wilmot
Signature

x Elizabeth Jane Wilmot
Print Name

x ~~1408~~ 1590 Vista del Valle
Address

x El Cajon Ca 92019
City Zip Code

x 619 442 2348
Telephone

Paulette Crawford

Invoice # _____

Work Order # E-19732

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19732

Jan Munzenmaier/The Californian

The four surviving grandchildren of the late Thomas Hall and Mary Elizabeth Forsyth who attended the family reunion were, from left, Jean Hughes, Tom Hartigan, Jeane Thorman and Pat Ferbe.

tlefield. He brought along to the reunion several books with photos of his grandparents to share with others.

This was the second large family reunion directly tied to their ancestor's distinguished service in the army. In 1966, First Lady Lady Bird Johnson declared Fort Davis in Texas a National Historic Site. Officers' quarters were restored and the Forsyth family home preserved. A museum is open to the public. Fort Davis was one of the many forts throughout the West that Forsyth and his family lived in during his long military career.

To contribute to this column, please call Jan Munzenmaier at 442-9346 or write to El Cajon Correspondent, The Californian, P.O. Drawer 1565, El Cajon, CA 92022. (jm)

HURRY IN! LAST CHANCE TO TAKE ADVANTAGE OF YOUR

FREE Membership*

With the purchase of a membership of equal or greater value.
Bring in a workout partner and share the cost of your investment in a happier/healthier future.
(Individual memberships available at 50% OFF!)
COME IN FOR A FREE SALON TOUR & FREE CLASS.
Exercise Programs Exclusively Choreographed For The Larger Women

century Medal of Honor recipient

Ian Munzenmaier/The Californian

Displayed at the Aug. 11 Forsyth family reunion were the photos of Congressional Medal of Honor recipient Thomas Hall Forsyth and his wife, Mary Elizabeth. The medal is at the center of the photo.

E1978

E19733

H-632 3761 1150

PLACE OF BIRTH. DIST. No. (To be inserted by Registrar)

California State Board of Health
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State Index No. F-623

County of SAN DIEGO

City of SAN DIEGO

or Rural Registration District

Local Registered No. 394

(No. St.Jos.Hospital. St.; Ward) 20-015144

[If birth occurred in a hospital or other institution, give name instead of street and number.]

FULL NAME OF CHILD Patience Dorothy Hartigan.

[If child is not yet named, make supplemental report as directed.]

PERSONAL AND STATISTICAL PARTICULARS

SEX OF CHILD: Female.	Twin, Triplet, or Other / Number in Order of Birth (To be answered only in event of plural births)
DATE OF BIRTH: March 29 1920. (Month) (Day) (Year)	

FATHER	MOTHER
FULL NAME: Thomas E.Hartigan.	FULL MAIDEN NAME: Mabel Forsyth.
RESIDENCE: 2080 Irwin Ave.San Diego,Calif. (City, State)	RESIDENCE: Same. (City, State)
COLOR OR RACE: White.	COLOR OR RACE: White.
AGE AT LAST BIRTHDAY: 38. (Years)	AGE AT LAST BIRTHDAY: 32.
BIRTHPLACE: Rhode Island. (State or country)	BIRTHPLACE: Texas. (State or country)
OCCUPATION (a) Trade, profession or particular kind of work: Engineer.	OCCUPATION (a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer): Gas Co.	(b) General nature of industry, business, or establishment in which employed (or employer):
Was a prophylactic for Ophthalmia Neonatorum used? Yes. If so, what? Nit.Sil.1%	Number of children born to this mother, including present birth: 2. Number of children of this mother now living: 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) *at* 12:30 P. M. *on the date above stated.*

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Jennison

Dated 3/30/1920

(Physician, midwife, father, etc.)

Address San Diego

Given name added from a supplemental report ..... 19....

Registrar

Filed Apr 2 1920 C. P. Charles Martin

Registrar or Deputy

E19732

FOR OFFICE USE ONLY

Witnessed:

Signed on _____, _____ in _____
(Date) (City)

Signature _____ Print Full Name _____

Documents Presented:

_____

_____

_____

Processed by: _____

Approved by Cemetery Manager _____

Transfer allowed: Yes ✓ **No** _____

If no, reason:

_____

_____

_____

Transfer fee paid ($65.00) ✓ **New Deed Issuance Paid** ($65.00) _____

E-19732

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 May 19-06 (Date), _____ in El Cajon (City)

Signature Patience H Ferbe Print Full Name Patience Hartigan Ferbe

To have deed sent to you, fill in your mailing address here:

Full Name Patience Hartigan Ferbe

Address 1408 Meadow Rd

City, State & Zip Code El Cajon Ca 92021

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 _____

County of _____ ss.

On this _____ day of _____ in the year _____, before me _____

personally appeared _____, 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

E19730

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

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division Mas Section P Lot 5 Grave 4, 5, 6

2. My legal authority to the above property is based on the following facts: I Patricia Hartigan Burke am the Granddaughter of Elizabeth Forsyth - and to my knowledge am the only one left to be able to use this space. I wish to put these plots in my name and my daughters Elizabeth Jane Wilmot.

3. I have presented the following evidence to support the above facts.
two articles regarding medal of Honor presentation and birth certificate.

DL

Rev. 08/05

E-19732

age 92

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ELIZABETH	-	PELLEGRINI	01/27/1914	05/21/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	CHARLES PELLEGRINI, SON 4123 ROBERTSON BLVD ALEXANDRIA, VA 22309

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAJON MORTUARY & CREMATION SERVICE, 684 S MOLLISON AVE EL CAJON, CA 92020	FD1022	▶ [signature]	05/30/2006

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	05/30/2006	NANCY L BOWEN, MD ▶

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST,SAN DIEGO, CA 92102	11B. DATE BURIED 6-5-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC, 2570 FORTUNE WAY, VISTA, CA 92083	12B. DATE CREMATED 5/31/06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

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

of _____

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

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 _____ Section _____ Blk/Row _____ Lot _____ 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 ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

VOID

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

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

_____
Signature

_____
Print Name

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E-19733

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

AT-Need
NON-RES
Spring Valley

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-22-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thava Ann Hawkins 692-3094

in a Liner (Type of Burial Container) Funeral, date, time FRI MAY 26, 06 11.00

Church, Chapel, Graveside _____ : SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00 X

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 9 Grave 5

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	4,465.82

LINER

VOID per Joseph SD memorial 5-22-06 Family went Else where

MORT TO PAY

Paid receipt number _____

Balance due _____

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

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

X
Signature

X
Print Name

X
Address

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E-19734

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

AT- Need
(Res)
1st Burial only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-22-06

ARRIVAL TIME 3:05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Father Amare mengistu #230203

in a DD Crypt A (Type of Burial Container) Funeral, date, time Thurs May 25, Noon

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213

will be applied and billed to undersigned. X

Division MAS Section T Blk/Row _____ Lot 8 Grave 1

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container DD crypt "A"	539.00
Handling Fees	454.00
monumentrion $65.71 $27520 ✓ Flower vases - Marker setting fee DD 12x30 Foundation & Border	340.91
monumentrion Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	$4,237.68
Paid receipt number R-59634	4,237.68
Balance due	0

PAID
MAY 22 2006
MOUNT HOPE CEMETERY

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

#230204

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

Signature: HEWAN MENGISTU

Print Name: X Hewan Mengistu

Address: X 1010 University Ave Sp 344

City: X SAN DIEGO CA Zip Code: 92103

Telephone: X (619) 665 3732

Billed late arrival fee 5-25-06

pd late arrival fee R-59658 6-7-06 $213.00

Invoice # _____

Work Order # E-19735

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19735

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 09-30-09

C1842179

CLASS:C

AMARE MENGISTU
11282 TURTLEBACK CT
SAN DIEGO CA 92127

SEX:M HAIR:BLK EYES:BLK
HT:5-05 WT:145 DOB:09-30-28

RSTR: CORR LENS

12/17/2004 676 18 F0/09

MT HOPE CEMETERY E19735

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. DD Crypt 1st Burial

	Eliza Siney	Amanuel Hailu	LOT 8 #1 X	Sophronia Pierson		

Blind Check Initiated By: Sandra Date: 5-22-06

Interment space for: Amare Mengistu

Interment Date: Thurs MAY 25, 06 Time: NOON

Div: MAS Sect: T Blk/Row: ____ Lot: 8 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-23-06

E 19735

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AMARE	-	MENGISTU	09/30/1928	05/19/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	HEWAN MENGISTU, DAUGHTER 1010 UNIVERSITY AVENUE #344 SAN DIEGO, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Hewan Mengistu	05/24/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	05/25/2006	NANCY L BOWEN, MD

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-25-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Joe Lerzalo	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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 -	14B. 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 -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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

(Res) At need 1st Burial ONLY

Date 5-22-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald Earl Barron Sr. #230208

in a DD CrypT "A" (Type of Burial Container) Funeral, date, time Friday May 26 11:00

Church, Chapel, Graveside _____ Anderson Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Shelia P. Barron X

Division 11 Section 1 Blk/Row _____ Lot 129 Grave 2 SB

Grave space & Care Fund		$ 2,264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	(1)	$ 533.00
Burial Container	DD CrypT A	$ 539.00
Handling Fees	WO#4524	$ 454.00
Flower vases / Marker setting fee	TRION #65.71 / $178.00	$ 243.71
Recording/Filing/Transfer Fees	(1)	$ 65.00
Sales taxes		$ 41.77
Total Due		$ 4,140.48
Paid receipt number	R-59642	4140.48
Balance due		0

PAID MAY 25 2006 MOUNT HOPE CEMETERY

MORT TO PAY

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

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

X Shelia P. Barron
Signature

X Shelia P. Barron
Print Name

X 1750 Olamar Way
Address

X San Diego CA 92139
City Zip Code

X 619 472-1315
Telephone

Cell 619-251-6222

Invoice # _____

Res. fee (DD 214)

Paulette

Work Order # E-19736

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

263 1507

MT HOPE CEMETERY E19736

GRAVE BLIND CHECK FORM

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

Hanford	Hanford		Debose			
				X		
			Driggers	Jackson		

Blind Check Initiated By: Paulette Date: 5/23/06

Interment space for: Donald Earl Barron Sr.

Interment Date: Friday May 26 Time: 11:00 Church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 129 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-19736

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT

1. LAST NAME-FIRST NAME-MIDDLE NAME	2. SEX	3. SOCIAL SECURITY NUMBER	4. DATE OF BIRTH	YEAR	MONTH	DAY
BARRON, DONALD EARL SR	M	254 56 6862		39	JUL	02

5. DEPARTMENT COMPONENT AND BRANCH OR CLASS	6a. GRADE RATE OR RANK	6b. PAY GRADE	7. DATE OF RANK	YEAR	MONTH	DAY
NAVY-USN	AMSC	E7		76	MAY	16

8a. SELECTIVE SERVICE NUMBER	9. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE	10. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code)
- - - - - - - -	- - - - - - - - - - - - - - - - - - - -	ATLANTA, GA

11a. TYPE OF SEPARATION	12. STATION OR INSTALLATION AT WHICH EFFECTED
TRANSFERRED TO THE TEMPORARY DISABILITY RETIRED LIST	NAS MIRAMAR, SAN DIEGO, CA 92145

11b. AUTHORITY AND REASON	EFFECTIVE DATE	YEAR	MONTH	DAY
- -		78	AUG	28

13. LABOR	14. PAY PLAN AND SUBDIVISION	15. REENLISTMENT CODE
MONOLAULL	NA	- - - - - - -

16. ACTIVE DUTY STATION AT TIME OF SEPARATION	17. COMMAND TO WHICH TRANSFERRED
AYC OPR DET, NAS MIRAMAR, SAN DIEGO, CA 92145	NRPC, NEW ORLEANS, LA 70149

18. TERMINAL DATE OF PRIOR MILITARY SERVICE		19. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code)	20. DATE ENTERED ACTIVE DUTY THIS PERIOD		
YEAR	MONTH	DAY		YEAR	MONTH	DAY
NA	- - - -		SAN DIEGO, CA	76	OCT	28

21a. PRIMARY SPECIALTY NUMBER AND TITLE	21b. RELATED CIVILIAN OCCUPATION AND DOT NUMBER
ANS-8300	807-GODYMEN, TRANS. EQUIP.
22a. SECONDARY SPECIALTY NUMBER AND TITLE	22b. RELATED CIVILIAN OCCUPATION AND DOT NUMBER
AMS-8323	NA

23. RECORD OF SERVICE	YEARS	MONTHS	DAYS
(a) NET ACTIVE SERVICE THIS PERIOD	01	10	01
(b) PRIOR ACTIVE SERVICE	18	03	02
(c) TOTAL ACTIVE SERVICE (a+b)	20	01	03
(d) PRIOR INACTIVE SERVICE	01	00	25
(e) TOTAL SERVICE FOR PAY (c+d)	21	01	28
(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD	00	00	00

24. INDOCTRINATION OR ORIENTATION SERVICE SINCE LAST ENTRY INTO ACTIVE SERVICE: ☐ YES ☐ NO

25. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years): SECONDARY/HIGH SCHOOL 12 (Years or equivalent) COLLEGE — YRS

26. TIME LOST DURING THIS PERIOD	27. DATE ACCRUED LEAVE PAID	28. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE	29. DISABILITY SEVERANCE PAY	30. PERSONNEL SECURITY INVESTIGATION	
				TYPE	DATE COMPLETED
TL-NONE	24.5	☐ 50,000 XXX ☐ $20,000 ☐ $10,000 ☐ NONE	☐ NO ☐ YES AMOUNT NA	NONE	NA

31. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

FIFTH GOOD CONDUCT AWARD FOR PERIOD ENDING 25 JUL 77

32. REMARKS

MILITARY REQUIREMENTS E8 & E9, PHASE II

*EFFECTIVE DATE OF TEMPORARY RETIREMENT 29 AUG 78

INDIVIDUAL REQUESTS COPY OF THE DD FORM 214N. NO

AUTHORITY: BUPERSMAN 3860380 & CHNAVPERS 1118262 AUG 78 CODE SFK RE-3P

33. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, State and ZIP Code)	34. SIGNATURE OF PERSON BEING SEPARATED
639 O'MEARA ST SAN DIEGO, CA 92114	Donald Earl Barron Sr
35. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	36. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
C. M. MUSE, GS7, NILPERSOFF BY DIRECTION OF THE C.O.	[illegible]

E19736

SDGE A Sempra Energy utility

Print Save Back of Bill Close

Account Number	Cycle	Questions? ¿Preguntas?
5872 914 018 0	09	Please Call: 1-800-411-SDGE (7343)
DONALD E BARRON SR		Por Favor Llame: 1-800-311-SDGE (7343)
1750 OLAMAR WAY SD		Web Address: www.sdge.com
Date Mailed: May 15, 2006		email: info@sdge.com

WHEN YOU WORK OR PLAY OUTDOORS, STAY SAFE BY STAYING AWAY FROM
OVERHEAD POWER LINES AND OTHER ELECTRICAL EQUIPMENT.

ACCOUNT SUMMARY

Previous Account Balance	151.74
Payments Received	-151.74
Current Charges	161.13
TOTAL AMOUNT DUE	**161.13**

Please Pay $161.13 by Jun. 03, 2006

BILL PERIOD

Service	Meter	Begin	End	Total Consumption
GAS	#00672496	04-13-2006	05-12-2006	21 Therms
ELECTRIC	#01133384	04-13-2006	05-12-2006	760 kWh

Next Meter Read Date: 06-13-2006
Circuit: 0324 Block: 021B Curtailment status subject to change without notice.

ENERGY USAGE HISTORY

	This	Last	Percent	This Month	Percent

E-19736

age 66

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DONALD	EARL	BARRON SR	07/02/1939	05/21/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHELIA P. BARRON, WIFE 1750 OLAMAR WAY SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	05/25/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	05/25/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-26-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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 Needed

Date 5/22/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifton Cunningham #230205

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Friday May 26 11:00

Church, Chapel, Graveside _____ ; Preferred Mortuary

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row — Lot 123 Grave 5

Grave space & Care Fund	N/A E-13602	—
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup		533.-
Burial Container		539.-
Handling Fees		454.-
Flower vases – Marker setting fee	N/A	—
Recording/Filing/Transfer Fees		65.00
Sales taxes		41.77
Total Due		$ 1,632.77
Paid receipt number	R-59639	1,632.77
Balance due		Ø

PAID

MAY 24 2006

MOUNT HOPE CEMETERY

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

#207458

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

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached signature

Paulette

Work Order # E-19737

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19737

GRAVE BLIND CHECK FORM

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

		Saunders		Valejo		
	Johnson	Cunningham	X	Fuelton		
		Vanta		Camps		

Blind Check Initiated By: Paulette Date: 5/24

Interment space for: Clifton Cunningham

Interment Date: 5-26-06 Time: 11.00am

Div: 11 Sect: 2 Blk/Row: — Lot: 123 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: DARRELL Date: 5-24-06

E19737

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 77

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CLIFTON	-	CUNNINGHAM SR	09/16/1928	05/21/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	CATHERINE CUNNINGHAM, WIFE 354 LOS REYES DRIVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746

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.

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

8B. DATE SIGNED:

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	05/25/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5-26-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Nowig	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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 Needed

Date 5/22/06

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

in # Doubt-Depth "A" (Type of Burial Container) Funeral, date, time Friday May 26 11:00

Church, Chapel, Graveside _____ Preferred Mark Mortuary

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row — Lot 123 Grave 5

Grave space & Care Fund	N/A E-13602	—
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup		533.-
Burial Container		539.-
Handling Fees		454.-
Flower vases – Marker setting fee	N/A	—
Recording/Filing/Transfer Fees		65.00
Sales taxes		41.77
Total Due		$1,632.77

Paid receipt number _____

Balance due _____

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

#207458

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

X Catherine Cunningham
Signature

X CATHERINE Cunningham
Print Name

X 354 LOS REYES DR
Address

X SAN DIEGO, CA 92114
City Zip Code

X 619-262-2944
Telephone

Paulette

Work Order # E-19737

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request

© Original or reproduced

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(Res)
AT-Need

Date 5-23-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Zollie Davis JR. #230207

in a DD crypt B (Type of Burial Container) Funeral, date, time FRI MAY 26 06 1:00 Kevin

Church, Chapel, Graveside _____ : Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 12 Section 3 Blk/Row _____ Lot 53 Grave 10 (B)

Grave space & Care Fund E-8543 (1990)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container DD crypt "B"	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	0
Total Due	$ 598.00
Paid receipt number R-54641	598.00
Balance due	0

PAID
MAY 25 2006
MOUNT HOPE CEMETERY

mort TO pay

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

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

X
Signature

X see attach
Print Name
X for signature
Address
X
City Zip Code
X
Telephone

Invoice # _____

Work Order # E-19738

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

09:18 SD M[illegible] HOPE CEMENTERY → RAGSDALE

Need TO pr[illegible]de proof OF Residency At-Need

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-23-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Zollie Davis JR.

in a DD Crypt B (Type of Burial Container) Funeral, date, time FRI MAY 26 06 1:00

Church, Chapel, Graveside _____ Ragsdale Kevin Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. _____ X

Division 12 Section 3 Blk/Row _____ Lot 53 Grave 10

Grave space & Care Fund	E-8543 (1990)	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		533.00
Burial Container	DD Crypt "B"	0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		65.00
Sales taxes		0
Total Due		$ 598.00

mort TO pay

Paid receipt number _____

Balance due _____

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

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

Dorothy Davis X
Sig. Name

X Dorothy DAVIS
Date Name

X 5754 MARKET ST
Address

X SAN Diego 92114
City Zip Code

X (619) 263-6525
Telephone

Invoice # _____

Work Order # E-19738

Acct. # _____

BLA-104 (3-04)

This information is available in alternative formats upon request.

© Copyright 2004 Mt. Hope

E 19738

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 07-06-09

F0203224

CLASS: C

ZOLLIE DAVIS, JR
5754 MARKET ST
SAN DIEGO CA 92114

SEX: M HAIR: BLK EYES: BRN
HT: 5-10 WT: 214 DOB: 07-06-37

RSTR: CORR LENS

Zollie Davis Jr

06/22/2004 613 31 FD/09

MT HOPE CEMETERY E-19738

GRAVE BLIND CHECK FORM

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

DD Crypt "B" 2nd Burial

	#2 Elnora Blake					
	#8 Charles Sweeny		#10 X	Albert Bearden #11	James Davis #12	

Blind Check Initiated By: Sandra Date: 5-23-04

Interment space for: Zollie Davis JR

Interment Date: FRI MAY 26, 06 Time: 1:00

Div: 12 Sect: 3 Blk/Row: ____ Lot: 53 Gr: 10

Grave Laid out by: Norman Fesellman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-19738

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 68

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ZOLLIE	-	DAVIS	06/07/1937	05/21/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DOROTHY DAVIS, WIFE 5754 MARKET STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Alan Campbell	05/23/2006

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.

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	05/24/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-25-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Hanuel Tamler	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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 -	14B. 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 -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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
Pre-Need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

C/O Purchaser
Pin# 230198

Date 5-23-06

Reserve FOR Doris Elizabeth Ammann

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

of AMMANN FAmily FOR Doris Elizabeth Ammann OF Robert Glenn Ammann

in a TS Vault (Type of Burial Container) Funeral, date, time Thurs June 1, 11:00 #230197

Church, Chapel, Graveside _____ ; Featheringill 583-4511 Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 133 Grave 2

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$533.00
Burial Container TS Vault	$355.00
Handling Fees	$263.00
Flower vases – Marker setting fee	$178.00
Recording/Filing/Transfer Fees	$65.00
Sales taxes	$27.51
Total Due	$3,685.51
Paid receipt number P-00303	3,685.51
Balance due	0

PAID
MAY 23 2006
MOUNT HOPE

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

#230197

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

Robert G Ammann
Signature

✓ #2777

X Robert Ammann
Print Name

X 495 Art St.
Address

X San Diego, Ca. 92115
City Zip Code

X 619/287-6489
Telephone

Invoice # _____

Work Order # E-19739

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19739

Reserve
FOR wife Doris Ammann

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 07-19-09 A1969232 CLASS:C

DORIS ELIZABETH AMMANN
4951 ART ST
SAN DIEGO CA 92115

SEX:F HAIR:BRN EYES:BRN
HT:5-00 WT:220 DOB:07-19-21

07/09/2004 SB6 39 FD/09

E-19739

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 01-10-10

B1284261

CLASS:C

ROBERT GLENN AMMANN
4951 ART ST
SAN DIEGO CA 92115

SEX:M HAIR:WHT
HT:5-09 WT:190

EYES:BRN
DOB:01-10-24

RSTR: CORR LENS

Robert G Ammann

01/06/2005 506 22 FD/10

MT HOPE CEMETERY E19739

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 X	#3 Gracie Birden	#4 Beatrice Williams	

Blind Check Initiated By: Sandra Date: 5-30-06

Interment space for: Doris Ammann

Interment Date: Thurs June 1, 06 Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 133 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Laura Nolan Date: 5/31/06

E19739

age 84

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DORIS	ELIZABETH	AMMANN	07/19/1921	05/25/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROBERT AMMANN, SPOUSE 4951 ART ST. SAN DIEGO, CA 92115

TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Downey	05/30/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	05/30/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 6-1-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. Jamyn	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-25-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Hall #230216

in a Liner (Type of Burial Container) Funeral, date, time Weds May 31, 06 1:00

Church, Chapel Graveside Vince Neptune Society Mortuary

Fax - 619 390-8024 #213.00

All Funeral 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 10 Section _____ Blk/Row _____ Lot 888 Grave _____

Grave space & Care Fund E-15690	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container Liner	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

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

#207825

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

X

Signature

X See attach

Print Name

X for signature

Address

X

City Zip Code

X

Telephone

Invoice # _____

Work Order # E-19740

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19740

GRAVE BLIND CHECK FORM

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

		#808 Edna Wold	#809 Frank Corsello			
		#887 Frank Acello	#888 X	Arois Salone		

Blind Check Initiated By: Sandra Date: 5-30-0

Interment space for: Ruth Hall

Interment Date: Weds MAY 31, 06 Time: 1:00 GS

Div: 10 Sect: ____ Blk/Row: ____ Lot: 888 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARRYL Date: 5-30-0

E19740

age 81

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RUTH	MELVINA	HALL	05/26/1925	05/23/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	DANIEL MARVIN, SON 3802 ROSECRANS ST SAN DIEGO, CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
NEPTUNE OF SAN DIEGO, 14065 OLD HWY #80 PO BX 2308 EL CAJON, CA 92021	FD1352	▶ V. A	05/23/2006

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	05/26/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 5-31-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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.)

05/26/2006 FRI 13:11 FAX 619 390 8024 Neptune 619 390 8024

05/26/2006 12:33 SD MT. HOPE CEMENTERY → 93908024 001/001

NO.175

You are hereby authorized and instructed, subject to your

of Ruth Hall

in a Liner (Type of Burial Container) Funeral, date, time Wed May 31, 06 1:00

Church, Chapel, Graveside : Vince Neptune Society Mortuary

Fax 619 390-8024

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ #213.00

will be applied and billed to undersigned. X

Division 10 Section ____ Blk/Row ____ Lot 888 Grave ____

Grave space & Care Fund	E-15690	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		0
Burial Container	Liner	0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		0
Sales taxes		0
Total Due		0
Paid receipt number		
Balance due		0

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

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

X [signature] (Signature)

X Evangeline M Farnham

X DANIEL M. HALL (Print Name)

X 3802 ROSECRANS ST #174 (Address)

X SAN DIEGO CA 92110 (City, Zip Code)

X (619) 200-9479 (Telephone)

Invoice # ____

Work Order # E-19740

Acct. # ____

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need to At Need

Date 5/26/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KAPSUJI TEZUKA &

in a N/A (Type of Burial Container) Funeral, date, time July 12, 2006 10:00

Church, Chapel, Graveside : FAMILY Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 9 Grave 1

Grave space & Care Fund		426.-
Overtime/Late Arrival Fees	N/A	
Opening/Closing & Setup	N	149.-
Burial Container	N/A	
Handling Fees		
Flower vases – Marker setting fee	$53.09 / $178.00	24.09
Recording/Filing/Transfer Fees		65.-
Sales taxes		
Total Due		
Paid receipt number		
Balance due		

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

I hereby authorize the interment in lot I hold under deed

Signature

See new E-19742

Paulette

Work Order # E-19741

Print Name

Address

City Zip Code

Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 5-26-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katsuji Tezuka ⊗ Pin 230211 10:00

in a N/A (Type of Burial Container) Funeral, date, time Wednesday July 12

Church, Chapel, (Graveside) : Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 9 Grave 1

Grave space & Care Fund		426.00
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup		149.00
Burial Container	N/A	—
Handling Fees ✓	✓ N/A	—
Flower vases – Marker setting fee	@ 33.09 Galv. / $178.00 w/ $5000 for Vase & marker	211.09
Recording/Filing/Transfer Fees		65.00
Sales taxes	N/A	—
Total Due		851.09
Paid receipt number	Visa Card	851.09
Balance due		Ø

PAID MAY 26 2006 MOUNT HOPE CEMETERY

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

Pin # 230210

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Invoice # _____

Acct. # _____

Paulette

Work Order # E-19742

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19742

GRAVE BLIND CHECK FORM

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

NO ASH VAULT REQUIRED

			Rengifo			
			X			
		King	Robinson			
			Sharp			

Blind Check Initiated By: Paulette Date: 7-10-06

Interment space for: Katsuji Tezuka ⊗

Interment Date: 7-12-06 Wed Time: 10:00 G.S

Div: 8 Sect: 4 Blk/Row: ____ Lot: 9 Gr: 1

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: [illegible] Date: 7-11-06

E19742 age 56

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
KATSUJI	-	TEZUKA	05/11/1950	04/05/2006 FND	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MINAKO OKAZAWA, COUSIN 7608 ANGELENO RD. SAN DIEGO, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
AMERICAN CREMATION SERVICE, 6136 MISSION GORGE ROAD, STE 100 SAN DIEGO, CA 92120	FD1752	▶ M. Mr[illegible]	05/31/2006

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	05/31/2006	▶ NANCY L BOWEN, MD

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
DIS/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7-12-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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.)

correction needed please

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 5-26-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kazuji Tezuka 10:00

in a N/A (Type of Burial Container) Funeral, date, time Wednesday July 12

Church, Chapel, Graveside : Family Mortuary

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

will be applied and billed to undersigned _____

Division 8 Section 4 Blk/Row _____ Lot 9 Grave 1

Grave space & Care Fund		426.00
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup		149.00
Burial Container	N/A	—
Handling Fees	N/A	—
Flower vases – Marker setting fee	$33.09 Galv. / $178.00	211.09
Recording/Filing/Transfer Fees		65.00
Sales taxes	N/A	—
Total Due		851.09
Paid receipt number	Visa Card	851.09
Balance due		Ø

I hereby certify I am the Minako Okazawa of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. #230210

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

Minako Okazawa
Signature

Minako Okazawa
Print Name
7608 Angelena Rd.
Address
San Diego, CA 92126
City Zip Code
858-353-5506
Telephone

Paulette
Work Order # E-19742

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date (Saturday) 5/27/06

#230214

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of URBAN MOUNGER 2-DAYS old

in a _____ Funeral, date, time Weds. May 31, 2:00

Type of Burial Container

Church, Chapel (Graveside) _____ : Anderson-Rosedale Mortuary

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

will be applied and billed to undersigned _____

Division 9 Section 1 Blk/Row _____ Lot 3169 Grave _____

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-591643	527.67
Balance due	Ø

PAID MAY 27 2006 MOUNT HOPE CEMETERY

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

#230215

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

x Kristy Rock
Signature

x Kristy Rock
Print Name

x 4163 36th St #7
Address

x San Diego CA 92104
City Zip Code

619-788-9436
Telephone

619-269-9013

Res.fee
CR B8040783

Work Order # E-19743

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

No Near Stones MT HOPE CEMETERY E19743

GRAVE BLIND CHECK FORM

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

			X			

Blind Check Initiated By: Paulette Date: 5-30

Interment space for: URBAN MOUNGER (2 days)

Interment Date: 5/30/06 Time: 2:00 G.S.

Div: 9 Sect: 1 Blk/Row: ____ Lot: 3169 Gr: 1

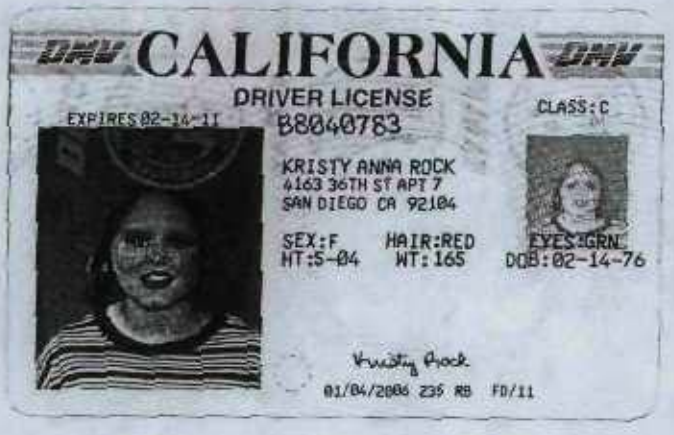
Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Joe Crosby Date: ____

E19743



DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 02-14-11

B8040783

CLASS:C

KRISTY ANNA ROCK
4163 36TH ST APT 7
SAN DIEGO CA 92104

SEX:F HAIR:RED EYES:GRN
HT:5-04 WT:165 DOB:02-14-76

Kristy Rock

01/04/2006 Z35 RB FD/11

MT. HOPE CEMETERY
CITY OF SAN DIEGO (RESIDENT)

E19743

MT. HOPE FAX REMINDER

TO: Counselor
FROM: Mt. Hope Cemetery
MORTUARY: Anderson - Ragsdale
DATE: 5-30-06 Tuesday 8:25 Am
FAX NUMBER:
PHONE NUMBER:

Approving Signature from Mortuary: X

Infant & Child Liner Request Form- Resident

In order to ensure that proper burial arrangements are made please fill out the following information and fax to Mt. Hope Cemetery immediately. Our fax number is (619) 527-3403.

Please circle the measurement that is the same or slightly *larger* than the burial container your mortuary will be using. Do not check a measurement that has a width, length, or height that is *smaller* than the burial container being used. Thank you for your cooperation.

Width Length Height		Width Length Height
14/ 30 / 13		
14" 30" 13" oba		18" 48" 16" o-a
16" 32" 16" bx		22" 51" 20" ox
18" 36" 16" o		20" 58" 22" #2
Above Measurements for Infant Div. 9 Sect. 1	Infant Ash in Div 9 Sec 1	Above Measurements for Children Div. 9 Sect. 2 & 3
Total Cost: $527.67	Total Cost: $477.12	Total Cost: $835.46

3751 MARKET STREET
SAN DIEGO, CA 92102
619-527-3400
FAX 619-527-3403

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19743

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
URBAN	MICHAEL	MOUNGER	05/21/2006	05/23/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROBERT LEROY MOUNGER, FATHER 4163 36TH STREET #7 SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329		05/30/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	05/31/2006	NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-31-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

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

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.)

pre-need
Donation

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/24/06

Pin # 229833

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To Mt.HopeCemetery / David Lugo

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 71, 72 Grave 11, 7

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

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

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

Signature

Paulette

Print Name

Address

City See Attached Zip Code

Telephone Paperwork

Invoice # _____

Acct. # _____

Work Order # E-19744

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19744

THE CITY OF SAN DIEGO

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

Date: 5/24/06

I/We Jeannette. C. Holm, Trustee; Margaret Peninger Inter Vivos Trust

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Mt. Hope Cemetery / David Lugo
Street Address: 3751 Market St. Apt / Unit #:
City: San Diego ST: CA Zip-Code: 92102
Telephone #: (619) 527-3400

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 12 Section: "2" Blk / Row: " "
Lot(s): 71 Grave(s): 11

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 24th day May 2006

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS

Jeannette C. Holm, Trustee Peninger Inter Vivos Trust 2-20-92
Legal Owner / Reprehensive Signature

WITNESS

Legal Owner / Reprehensive Signature

CEMETERY REPREHENSIVE NAME

Cemetery Reprehensive Signature

DIVERSITY

E19744

THE CITY OF SAN DIEGO

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

Date: 5/24/06

I/We Jeannette C. Holm, Trustee; Margaret Peninger Inter Vivos Trust

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Mt. Hope Cemetery / David Lugo
Street Address: 3751 Market St. Apt / Unit #:
City: San Diego ST: CA Zip-Code: 92102
Telephone #: (619) 527-3400

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 12 Section: "2" Blk / Row: " "
Lot(s): 72 Grave(s): 7

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 24 day May 2006

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS	Jeannette C Holm, Trustee Legal Owner / Representative Signature Peninger Inter Vivos Trust 2-20-92
WITNESS	Legal Owner / Representative Signature
CEMETERY REPRESENTIVE NAME	Cemetery Representive Signature

E19744

CERTIFICATION OF TRUST

Re: The **Peninger Inter Vivos Trust** established February 20, 1992, under the laws of the State of California, by Margaret F. Peninger, Settlor.

The undersigned, as Trustee, certifies and confirms to you that:

1. This Certification of Trust is made pursuant to California Probate Code Section 18100.5, a copy of which is attached hereto.

2. The Peninger Inter Vivos Trust (hereinafter the "Trust") is in existence and was originally executed on February 20, 1992. The Trust was amended and restated in its entirety by that certain Fifth Amendment and Restatement executed on April 12, 2005.

3. The name of the Settlor of the Trust is: Margaret F. Peninger.

4. Margaret F. Peninger resigned as Trustee of the Trust on April 12, 2005.

5. The name of the currently acting Trustee of the Trust is: Jeannette C. Holm.

6. The attached pages are photocopies of certain pages of the Trust, as amended and restated on April 12, 2005, containing powers of the Trustee and the designation of Trustee.

7. The Trust is revocable and the Settlor may revoke the Trust.

8. Accounts at financial institutions may be opened for the Trust in such a manner that funds may be withdrawn upon the signature of the Trustee.

9. Except as provided in paragraph 9 hereinbelow, title to trust assets should be taken as follows:

   "Jeannette C. Holm, Trustee of the Peninger Inter Vivos Trust, established February 20, 1992."

10. Title to bank and savings accounts, certificates of deposit, and money market accounts may be taken as follows:

    "Jeannette C. Holm, Trustee U/D/T, established February 20, 1992."

11. The Trust has not been revoked, modified, or amended in any manner which would cause the representations contained in this Certification of Trust to be incorrect.

Federal Tax I.D.
#20-6508442

E19744

12. This Certification of Trust is being signed by the currently acting Trustee of the Trust.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on April 13, 2005, at San Diego, California.

Jeannette C. Holm
Trustee

STATE OF CALIFORNIA)
COUNTY OF SAN DIEGO) ss.

On April 13, 2005, before me, Nancy A. Spector, the undersigned Notary Public for the State of California, personally appeared Jeannette C. Holm, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that the person executed the same in the person's authorized capacity, and that by the person's signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary Public

NANCY A. SPECTOR
Commission # 1319394
Notary Public - California
San Diego County
My Comm. Expires Sep 28, 2005

Donation to Mt. Hope Cemetery

E19744

59637

OFFICIAL RECEIPT

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

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

Tax ID # 95-6000776

(2/20/92) Date: May 24, 20 06

From: Peringer Inter Vivos Trust Address: 4515 Benhurst Ave, SD 92122

Donation to City of Gravesite — Market Value Dollars ($ 3011.00)

in _____ Payment of _____

Div 12 Sec 2 Blk/Row _____ Lot 71 Grave 11 (MDC)

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

☐ Money Order
☐ Charge
☐ Check

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

Donated

ISSUED BY D. Lugo
David Lugo - Cem. Manager

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101		
	78390		
Donation ~~TOTAL PAID~~ Value	$	3011.	00

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

Donation to Mt. Hope Cemetery

59638

OFFICIAL RECEIPT

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

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

Tax ID # 95-6000776

(2/20/92) Date: May 24, 20 06

From: Peringer Inter Vivos Trust Address: 4515 Benhurst, SD, 92117

Donation to City of Gravesite - Market Value Dollars ($ 3011.00)

in _____ Payment of _____

Div 12 Sec 2 Blk/Row _____ Lot 72 Grave 7

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

☐ Money Order
☐ Charge
☐ Check

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

Donated

ISSUED BY D. Lugo
David Lugo - Cemetery Manager

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101		
	78390		
Donation ~~TOTAL PAID~~ Value	$	3011.	00

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 5/30/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara Bibbs #230241

in a Liner (Type of Burial Container) Funeral, date, time June 6 Tues 2006 1:00

Church, Chapel, Graveside Bethel Baptist Ragsdale Mortuary Arrival 3:

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. x

Division 12 Section 2 Blk/Row Lot 71 Grave 1

PAID

JUN - 1 2006

MOUNT HOPE CEMETERY

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R-59650	3358.93
Balance due	0

MORT. 2 pay

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

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

x Signature

x Stephanie Capell #230242 Print Name

x 4407 1/2 Logan Ave. Address

x San Diego 92113 City Zip Code

x 619.264.5208 Telephone

S.D. RES. verified 4407 1/2 Logan Ave SD CA 92113 verified

Invoice #

Work Order # E-19745

Acct. #

REA-104 (3-04) This information is available in alternative formats upon request.

Billed late arrival fee on 6-7-06 / 6-13-06 pd by visa FOR late arrival

Printed on recycled paper

MT HOPE CEMETERY E-19745

GRAVE BLIND CHECK FORM

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

Campbell			Nguyen			
			X	Tyler		
			Black			

Blind Check Initiated By: Paulette Date: 6-2

Interment space for: Barbara Bibbs

Interment Date: 6-6-06 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 71 Gr: 1

Grave Laid out by: DAVE & DARROYL

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No - Flag -

Blind Check & Verified By: Kenneth Collins Date: 6/1/06

E19-745

COX COMMUNICATIONS

PO BOX 659004
SAN DIEGO, CA 92165-9004

Accour
001 311
Total D

Paymer
ON RE(

6400 0340 XC RP 28 0029285 04232006 NNNNNNNY 01

#BWNJGLJ
#541PAHIHPPPC0011#
BARBARA BIBBS
4407 1/2 LOGAN AVE
SAN DIEGO CA 92113-2922

E-19745

age 54

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BARBARA	DIANNE	BIBBS	05/09/1952	05/29/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	STEPHANIE CAPELL, DAUGHTER 4407 1/2 LOGAN AVENUE SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	[signature]	05/31/2006

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	05/31/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-6-6	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

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

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

Date 5/30/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ERNEST PURTER JR #230217

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Thurs June1 12:00

Church, Chapel, Graveside _____ : CA BURIAL Mortuary NAT'L City

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

will be applied and billed to undersigned _____

Division 11 Section 2 Blk/Row — Lot 62 Grave 4

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	3896.77
Paid receipt number Visacard AP946416	3896.77
Balance due	Ø

PAID
MAY 30 2006
MOUNT HOPE CEMETERY

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

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

[signature] SN
Signature

x ERNEST E. PURTER SN
Print Name

x 4704 A ST
Address

x SAN DIEGO CA 92102
City Zip Code

x 619 266 9807
Telephone

Paulette

Invoice # _____

Work Order # E-19746

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19748

GRAVE BLIND CHECK FORM

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

	Sevier		Bennett			
		Russell	X			

Blind Check Initiated By: Paulette C. Date: 5-30-06

Interment space for: Ernest Purter Jr.

Interment Date: 06/01/06 Time: 12:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 62 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: Joe Corales Date: ____

E19746

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 31

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ERNEST	EUGENE	PURTER	10/08/1974	05/26/2006	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JUANITA CARTER, MOTHER 4218 F. STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPE, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	Juanita Rus	6/1/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	05/30/2006	NANCY L BOWEN, MD

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY,3751 MARKET ST.,SAN DIEGO, CA 92102	11B. DATE BURIED 6-1-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Jamyn	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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 -	14B. 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 -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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.)

E-19746

DMV CALIFORNIA DMV
DRIVER LICENSE
EXPIRES 06-25-10
M0475773
CLASS:C
ERNEST EUGENE PURTER,SR
4704 A ST
SAN DIEGO CA 92102
SEX:M
HT:5-08
HAIR:BLK
WT:195
EYES:BRN
DOB:06-25-46
05/25/2005 235 RB FD/10

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Gravesite NOT FOR INTERMENT use; memorial site only per David Lugo

Date 5-30-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Memorial Plot FOR HeadSTONE ONLY

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

Church, Chapel, Graveside _____ ; _____ Mortuary

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

will be applied and billed to undersigned. _____

Division 6 Section 4 Blk/Row _____ Lot 49 Grave 4

Grave space & Care Fund ..... Memorial Plot only	$426.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	$426.00
Paid receipt number P-00309	426.00
Balance due	0

PAID
MAY 30 2006
MOUNT HOPE CEMETERY

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

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

_____
Signature

JAMES J. HERVEY
Print Name
P.O. BOX 7188
Address
SAN DIEGO CA 92167
City Zip Code
619-222-3405
Telephone

ok. per David Lugo

Invoice # _____

Work Order # E-19747

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Memorial Plot to be maintained in Perpetuity (Just marker/No interments)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-30-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara E. Brown #230229

in a LINER (Type of Burial Container) Funeral, date, time Fri June 2, 06 12:00

Church, Chapel Graveside 692-3090 Joseph SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row ____ Lot 24 Grave 7

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container LINER	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	$20.93
Total Due	$3,358.93
Paid receipt number R-59649	3,358.73
Balance due	0

PAID JUN - 1 2006 MOUNT HOPE CEMETERY

mort to pay per Joseph SD memorial cemetery to pick LOT

owes 20¢

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

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

X

Signature

X see attach

Print Name

X for signature

Address

X

City Zip Code

X

Telephone

Invoice # ____

Work Order # E-19748

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E19748

GRAVE BLIND CHECK FORM

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

LINER

			#1 David Blanchard	Schaik Williams Lora		
		crub	#7 X	George Hill		

Blind Check Initiated By: Sandra Date: 6-1-06

Interment space for: Barbara Brown

Interment Date: FRI June 2, 06 Time: 12:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 24 Gr: 7

Grave Laid out by: REN & JOSE

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 6-1-06

E19748
age 76

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
[redacted]rbara	E.	Brown	12/05/1929	05/29/2006	F

5A. [redacted]Y OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]stro Valley	Alameda	James Woodard – Son 18415 Cotton Court Castro Valley, CA 94556

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT	8B. DATE SIGNED
Whitted-Williams Funeral Home 5500 Foothill Blvd. Oakland, CA 94605	FD-837	▶ Cleotha L. Tough	05/31/2006

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	ALT 05/31/2006	▶ 68028

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
1000 Broadway Suite 5000 Oakland, CA 94607	3851 Rose Crane Street San Diego, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. Hope Cemetery-3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6/2/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Williams
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
[redacted]TTERING/BURIAL AT SEA OR [redacted]OSITION OTHER [redacted]N IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE San Diego Memorial Chapel-2441 University Ave. San Diego, CA 92104	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

SECURE HORIZONS I.D.: 3208019

Please continue to use existing supply of coupons.

Current Address

BARBARA E BROWN
5612 SAN ONOFRE TERR
SAN DIEGO CA 92114

Signature

New Addres

Address

City, State, Zi

(Home Phone

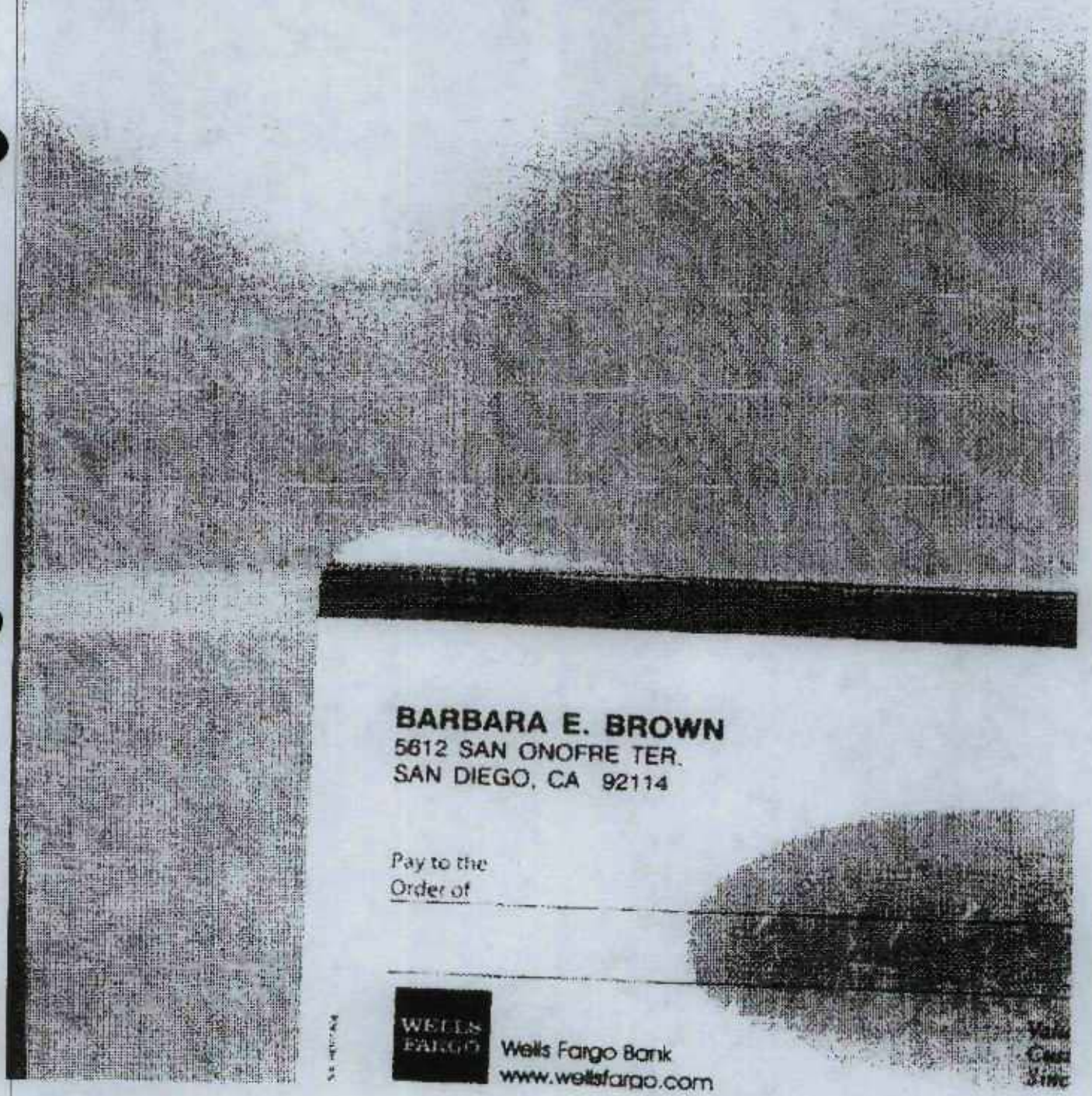
Date

SECURE HORIZONS
P.O. Box 489
Cypress, CA 90630-0489

BARBARA E BROWN
5612 SAN ONOFRE TERR
SAN DIEGO CA 92114-5434

108118 SW

E-19748


BARBARA E. BROWN
5612 SAN ONOFRE TER.
SAN DIEGO, CA 92114
Pay to the
Order of
WELLS FARGO
Wells Fargo Bank
www.wellsfargo.com

For Res Price needs proof of Residency

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-30-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara Brown time

Liner Funeral, date, time Fri June 2 06

Church, Chapel, Graveside 692-3030 Joseph SD Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned X

Division 12 Section 2 Blk/Row Lot 24 Grave 7

Grave space & Card Fund	$2,264.00
Cloisters/Service Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container Liner	270.00
Handling Fees	206.00
Flower vases – Market setting fee	6
Recording/Filing/Transfer Fees	65.00
Sales Taxes	$20.33
Total Due	$3,358.33

PAID JUN - 1 2006 MOUNT HOPE CEMETERY

Mort to pay per Joseph SD memorial cemetery to pick lot

Paid receipt number

Balance due

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

I hereby authorize the interment in lot I hold under deed

James Woodard Signature

X Jim Woodard – Son Name

X 18415 Cotton Ct Address

X Castro Valley CA 94552 City, State, Zip

X (510) 728-1848 Telephone

Invoice #

Acct. #

Work Order # E-19748

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need
(Res) see attach ID
INFANT age Still Born

Date 5-30-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Isaiah Reyes #230223

in a OOA (Type of Burial Container) Funeral, date, time FRI June 2, 11:30

Church, Chapel, (Graveside) ; Berge Roberts 474-6565 Andrea Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 9 Section 1 Blk/Row ____ Lot 1241 Grave ____

Grave space & Care Fund	$142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container OOA	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	$527.67
Paid receipt number R-59647	527.75
credit 8¢ Balance due	0

PAID
MAY 30 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Mother X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. #230224

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

Signature Raquel Torres X

X Raquel TORRES
Print Name

X 840 Grand AVE
Address

X Spring Valley CA 91977
City Zip Code

X 619-465-1615
Telephone

Invoice # ____

Work Order # E-19749

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19749

Res AT Need For
1 day old Infant
Isaiah Reyes

SD Res
Mother Racquel Torres

E19749

Fax 474-8546

MT. HOPE CEMETERY
CITY OF SAN DIEGO (RESIDENT)

MT. HOPE FAX REMINDER

TO: Andrea
FROM: Mt. Hope Cemetery
MORTUARY: Berge-Roberts
DATE: For baby Reyes
FAX NUMBER:
PHONE NUMBER:

W = 9inch L = 22inch H = 6 3/4 inch

Approving Signature ~~from Mortuary~~: Sorry for the delay

Infant & Child Liner Request Form- Resident

please let me know the time of Burial

In order to ensure that proper burial arrangements are made please fill out the following information and fax to Mt. Hope Cemetery immediately. Our fax number is (619) 527-3403.

Please circle the measurement that is the same or slightly larger than the burial container your mortuary will be using. Do not check a measurement that has a width, length, or height that is smaller than the burial container being used. Thank you for your cooperation.

Width	Length	Height		Width	Length	Height
14"	30"	13" ooa		18"	48"	16" c-a
16"	32"	16" bx		22"	51"	20" ox
18"	36"	16" o		20"	58"	22" #2
Above Measurements for Infant Div. 9 Sect. 1			Infant Ash in Div 9 Sec 1	Above Measurements for Children Div. 9 Sect. 2 & 3		
Total Cost: $527.67			*Total Cost: $477.12*	*Total Cost: $835.46*		

3751 MARKET STREET
SAN DIEGO, CA 92102
619-527-3400
FAX 619-527-3403

please Fax size of Casket

size of Casket needed AT-Need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-30-06

INFant age still Born

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

in a _____ (Type of Burial Container) Funeral, date, time FRI June 2, 11:30

Church, Chapel, (Graveside) _____ 474-6565 Berge Roberts Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned X

Division 4 Section 1 Blk/Row _____ Lot 1241 Grave _____

Grave space & Care Fund	$142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	$527.67
Paid receipt number R-59647 credit 8¢	527.75
Balance due	0

PAID MAY 30 2006 MOUNT HOPE CEMETERY

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

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

Raquel Torres X
Signature

X Raquel TORRES
Print Name

X 840 Grand AVE
Address

X Spring valley CA 91977
City Zip Code

X 619-465-1615
Telephone

Invoice # _____

Work Order # E-19749

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19749

GRAVE BLIND CHECK FORM

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

		#1240 Kenneth Smith	#1241 X			

Blind Check Initiated By: Sandra Date: 5-30-0

Interment space for: Isaiah Reyes

Interment Date: Fri June 2, 06 Time: 11:30

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1241 Gr: ____

Grave Laid out by: KEN & JOSE

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 6-1-06

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19749

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Isaiah	-	Reyes	05/23/2006	05/23/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF.: ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Racquel Riego De Dios - Mother 840 Grand Ave. #1 Spring Valley CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
El Camino Memorial - NC 607 National City Blvdd National City CA 91950	FD 284

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED 06/02/2006

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	06/02/2006 L Castro	2604379 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

CHS 169702

E19749

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Isaiah	-	Reyes	05/23/2006	05/23/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Racquel Riego De Dios - Mother 840 Grand Ave. #1 Spring Valley CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
El Camino Memorial - NC 607 National City Blvd National City CA 91950	FD 284	▶ [signature]	06/02/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10053 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	06/01/2006 L Castro	▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

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

15D. LICENSE NUMBER CREMATED REMAINS DISPOSER — IF APPLICABLE

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

11:35 per Kevin This fax is okay to bury

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-need (Res)

Date 5-31-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juanita Johnson #225798

in a Liner (Type of Burial Container) Funeral, date, time Sat June 3, 06 11:00

(Church) Chapel, Graveside : Ragsdale Skipper Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Odell Johnson Sr. X

Division 12 Section 2 Blk/Row ____ Lot 277 Grave 5

Grave space & Care Fund	E-11799	0
Overtime/Late Arrival Fees	SAT. Fee	$851.00
Opening/Closing & Setup		0
Burial Container	Liner	0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		0
Sales taxes		0
Total Due		0
Paid receipt number	pd by m/c #851.00	
Balance due		0

PAID
MAY 31 2006
MOUNT HOPE CEMETERY

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

#209876

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

Odell Johnson X
Signature

X Odell Johnson Sr
Print Name
X 8057 Brookhaven RD
Address
X San Diego Calif 92114
City Zip Code
X (619) 479-5090
Telephone

Invoice # ____

Work Order # E-19750

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-19750

GRAVE BLIND CHECK FORM

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

	#3 Carolease Thilloh	#4	#5 X			
	#9 Barbara Franklin	#10	#11			

Blind Check Initiated By: Sandra Date: 5-31-06

Interment space for: Juanita Johnson

Interment Date: SAT. June 3, 06 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 277 Gr: 5

Grave Laid out by: KEN & JOSE

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 6-1-06

E19750

age 73

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JUANITA	-	JOHNSON	10/17/1932	05/29/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ODELL JOHNSON SR, HUSBAND 8057 BROOKHAVEN ROAD SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Karl Campbell	05/31/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	05/31/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6/3/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

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

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
Jose Rosas
DD Crypt "A"

Date 5-31-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARIA ROSAS #230232

in a DD CRYPT "B" (Type of Burial Container) Funeral, date, time June 2, 2006 11:00

Church, Chapel, Graveside Pinkham Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 619) 425-9112 Jill Gibson

will be applied and billed to undersigned 423-4855

Division 12 Section 2 Blk/Row ____ Lot 250 Grave 9

Grave space & Care Fund	E-16490	—
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup	N/A E-17218	[illegible]
Burial Container	N/A	—
Handling Fees	N/A	—
Flower vases – Marker setting fee	N/A	—
Recording/Filing/Transfer Fees	N/A E-17218	[illegible]
Sales taxes	N/A	—
Total Due		[illegible]
Paid receipt number	N/A	Ø
Balance due		Ø

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

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

X ____ Signature

X ____ Print Name

X ____ Address

X ____ City ____ Zip Code

X ____ Telephone

See attached

Paulette 3620 Byrd St SD CA 92154

Invoice # ____

Work Order # E-19751

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19751

GRAVE BLIND CHECK FORM

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

D.D. CRYPT "B"

Chamberlain						
	Catlin SR.	William	X	Wallace		
			Moreno			

Blind Check Initiated By: Paulette Date: 6-1-06

Interment space for: Maria Rosa

Interment Date: 6-2-06 Friday Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 250 Gr: 9

Grave Laid out by: KEN & JOSE

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: [signature] Date: 6-1-06

E19751

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 84

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA	RODRIGUEZ	ROSAS	08/18/1921	05/29/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	HUMBERTO ROSAS, SON 3620 BYRD ST. SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964	▶	06/02/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	06/02/2006	▶ NANCY L BOWEN, MD

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-2-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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.)

06/01/2006 18:42 6194234855
06/01/2006 13:23 SD MT. HOPE CEMENTERY → 94234855 PINKHAM MITCHELL PAGE 01
NO.206 D01

At Nev
Jose Rosas
DD Crypt "A"

Date [illegible]

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARIA ROSAS in a DD CRYPT "B" (Type of Burial Container) Funeral, date, time June 2, 2006 11:00

Church Chapel, Graveside Pinkham Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 619) 423-9112 J. Gibson

will be applied and billed to undersigned 9/1 423-4855

Division 12 Section 2 Bit/Row ____ Lot 250 Grave 9

Grave space & Care Fund	E-16490	—
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup	N/A E-17218	—
Burial Container	N/A	—
Handling Fees	N/A	—
Flower vases – Marker setting fee	N/A	—
Recording/Filing/Transfer Fees	N/A E-17218	—
Sales taxes	N/A	—
Total Due		—
Paid receipt number	N/A	0
Balance due		0

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

I hereby authorize the interment in lot / hole under deed.

X [signature]
Signature

X Humberto R Rosas
Print Name
X 3620 BYRD ST
Address
X S.D. CA 92154
City / Zip Code
X 619 424-7689
Telephone

Paulette 3620 Byrd St SD CA 92154

Work Order # E-19751

Invoice # ____

Acct. # ____

This information is available in alternative formats upon request.

FX
527 3403

MT. HOPE CEMETERY

INTERMENT ORDER

AT-Need
age INFANT
2 hrs old

City of San Diego

Date 5-31-06

#230230

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

of Omar Alejandro Rosales-Pérez

in a BX (Type of Burial Container) Funeral, date, time Fri June 2, 06 10:00

Church, Chapel, Graveside ; 264-3168 Cypress View Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 John

will be applied and billed to undersigned. Maria Pérez-Rosales X

Division 9 Section 1 Blk/Row ____ Lot 1015 Grave ____

Grave space & Care Fund	$ 142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container BX	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	$527.67
Paid receipt number pd by m/c	$527.67
Balance due	0

PAID
MAY 31 2006
MOUNT HOPE CE...

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

#230231

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

Maria Pérez-Rosales X
Signature

X MARIA PEREZ-ROSALES
Print Name

X 3754 1/2 EUCLID AVE
Address

X SAN DIEGO CA 92105
City Zip Code

X 619 578 2471
Telephone

Invoice # ____

Work Order # E-19752

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E1957

GRAVE BLIND CHECK FORM

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

BX Liner

			#860 Barksdale			
			#938			
			#1015 X	1016 Angela Marure		
			Tree			

Blind Check Initiated By: Sandra Date: 6-1-06

Interment space for: Omar Rosales Perez

Interment Date: Fri June 2, 06 Time: 10:00 GS

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1015 Gr: ____

Grave Laid out by: KEN & JOSE

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Mariz Date: 6-1-06

San Diego Regional E-19752
Proof of Residency
Father of Infant

MEXICO MATRICULA CONSULAR CONSULAR ID CARD

JAVIER EULALIO
ROSALES-GUERRERO

Lugar y Fecha de Nacimiento/Place of Birth and Birth Date
TIJUANA, B.C.
13 ABR 1981

Domicilio/Address
4268 CHEROKEE
SAN DIEGO, CA 92104

Fecha de Emisión/Date of Issue
25 NOV 2002

Fecha de Expiración/Date of Expiry
25 NOV 2007

Autoridad/Authority
CONSULMEX
SAN DIEGO

Nº Documento/ID Number
1081891

E-19752

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1 day

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
OMAR	ALEJANDRO	ROSALES-PEREZ	05/27/2006	05/27/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JAVIER ROSALES, FATHER 3737 1/2 EUCLID AVE SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-IMPERIAL AVE, 3953 IMPERIAL AVE SAN DIEGO, CA 92113	FD-670	▶ Inai Castro	06/02/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	06/02/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 6/2/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — 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.)

E-19750

MT. HOPE CEMETERY
CITY OF SAN DIEGO (RESIDENT)

PLEASE RETURN AS SOON AS POSSIBLE

TO

FROM Mt. Hope Cemetery

MORTUARY Cypress View

DATE 5/29/06

FAX NUMBER 619-264-1916

DECEASED NAME Omar Alejandro Rosales Perez

PHONE NUMBER 619-264-3168

Signature of Mortuary Approval

Infant & Child Liner Request Form- Resident

In order to ensure that proper burial arrangements are made please fill out the following information and fax to Mt. Hope Cemetery immediately. Our fax number is (619) 527-3403.

Please circle the measurement that is the same or slightly *larger* than the burial container your mortuary will be using. Do not check a measurement that has a width, length, or height that is *smaller* than the burial container being used. Thank you for your cooperation.

Width	Length	Height		Width	Length	Height
14"	30"	13" oo3		18"	48"	16" o-a
16"	32"	16" bx		22"	51"	20" ox
18"	36"	16" o		20"	58"	22" #2
Above Measurements for Infant Div. 9 Sect. 1			Infant Ash in Div 9 Sec 1	Above Measurements for Children Div. 9 Sect. 2 & 3		
Total Cost: $527.67			Total Cost: $477.12	Total Cost: $835.46		

3751 MARKET STREET
SAN DIEGO CA 92102
619-527-3400
FAX 619-527-3403

Cherokee
E19752

MEMORIAL
Cypress View Chapel & Mausoleum
John A. Levorson
Memorial Specialist
3953 Imperial Ave. at 40th. • San Diego, CA 92113
Tel: (619) 264-3168 Fax: (619) 264-5206
FD License No. 670 FDR No. 258

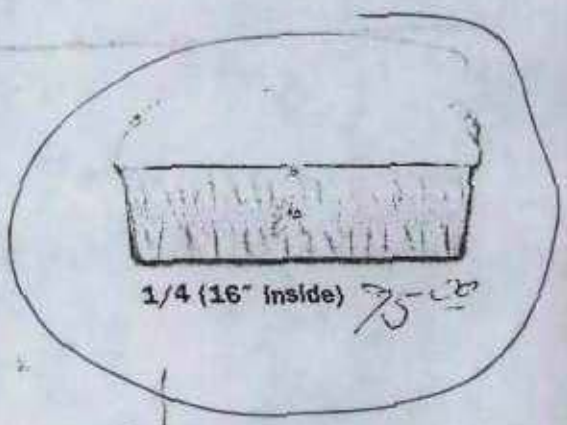
4/6 (54" inside)

Style 120P State Plush
White Crepe Interior
Oval Caps
White, blue or pink plush exterior
3/0, 3/6, 4/6, 5/6 Perfection Half Couch

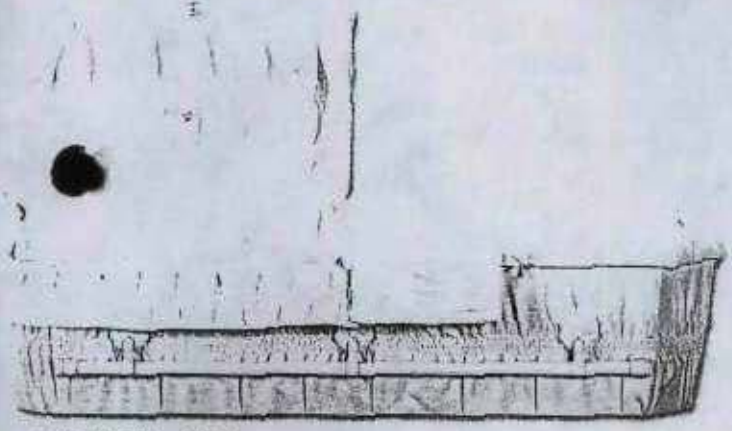
3/6 (42" inside)

Style 110P Octagon Plush
White Crepe Interior
Oval Caps
White, blue or pink plush exterior
3/0, 3/6, 4/6, 5/6 Perfection Half Couch

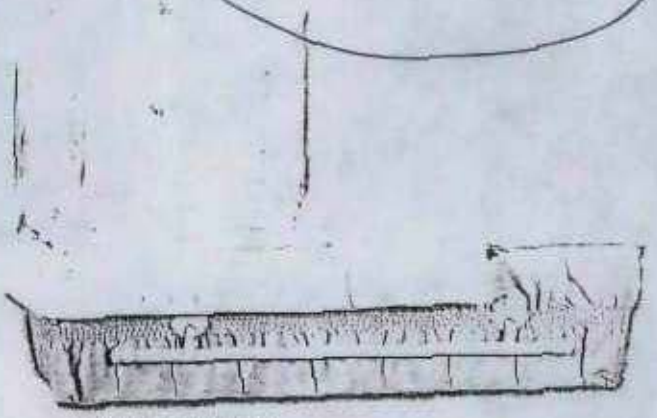
Style 35 Octagon Crepe
Raised Rim
Velvet Exterior Extra
/9, 2/0, 2/6, 3/0, 3/6, 4/6, 5/6 Full View
3/0, 3/6, 4/6, 5/6 Perfection Half Couch



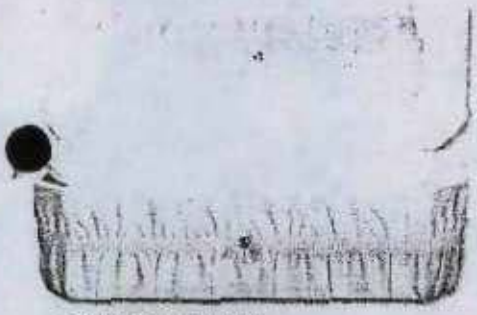
1/4 (16" inside) 75.00



3/6 (42" inside)



3/0 (36" inside)



1/9 (21" inside)

Style 30 Flared Rectangle
Crepe Exterior & Interior
Velvet Exterior Extra
1/4, 1/9, 2/0, 2/6, 3/0, 3/6, 4/6, 5/6 Full View
3/0, 3/6, 4/6, 5/6 Perfection Half Couch

100.00

(800) 535-8667

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6-1-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sylvia J. Richardson # 216503

in a ASH VAULT (Type of Burial Container) Funeral, date, time FRI. June 16 9:30

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

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

will be applied and billed to undersigned _____

Division 12 Section 1 Blk/Row _____ Lot 152 Grave 12 C

Grave space & Care Fund E-3976	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.—
Burial Container	79.—
Handling Fees	85.—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.—
Sales taxes	6.12
Total Due	384.12
Paid receipt number M/C	384.12
Balance due	0

PAID JUN - 1 2006 MOUNT HOPE CEMETERY

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

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

+ [signature] Signature

+ Patricia L. White Print Name

+ 380 5046 ~ #4 Address

+ S D Ca 92113 City Zip Code

+ 619 8388703 Telephone

Paulette

Work Order # E-19753

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Spoke w/ Karen Johnson

Printed on recycled paper

MT HOPE CEMETERY E-19753

GRAVE BLIND CHECK FORM

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

			Stroud	Mitchell		
			X		Bautist	~~Bautist~~ Mezentsoff

Blind Check Initiated By: Paulette Date: 6-12

Interment space for: Sylvia J. Richardson

Interment Date: 6-16 Time: 6S 9:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 152 Gr: 12

Grave Laid out by: DARREYL

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: KEN Date: 6-13-06

E19753

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

6450-01
age 70

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SYLVIA	JEANETTE	RICHARDSON	09/04/1935	05/30/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KAREN JOHNSON, DAUGHTER 3563 37TH ST. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575	▶	06/05/2006

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	06/05/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 6-16-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenny F. Kamyar	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY, 601-D CRANE ST., LAKE ELSINORE, CA 92530	12B. DATE CREMATED 6-8-06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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
NON-Res.

Date 6-2-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Mae Vickers #230246 10:00

in a Liner (Type of Burial Container) Funeral, date, time FRIDAY JUNE 9th

Church, Chapel, Graveside Ragsdale Mortuary.

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

will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row Lot 32 Grave 12

Grave space & Care Fund	E-5086	—
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup		708.-
Burial Container		359.-
Handling Fees		275.-
Flower vases – Marker setting fee	N/A	—
Recording/Filing/Transfer Fees		85.-
Sales taxes		27.82
Total Due		1,454.82
Paid receipt number	R-59659	1,454.82
Balance due		0

PAID
JUN - 7 2006
MOUNT HOPE CEMETERY

MORT. 2 Pay

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

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

X _____ Signature

X see attach Print Name

X for signature Address

X _____ City Zip Code

X _____ Telephone

Paulette

Invoice # _____

Work Order # E-19754

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E1954

GRAVE BLIND CHECK FORM

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

		Simon	KADO	Melton		
	Herbert Vickers	Herbert Vickers	X		Bowman Jr	
	Lear			Bell	Guger	

Blind Check Initiated By: Paulette Date: 6-6-06

Interment space for: Willie M. Vickers

Interment Date: Fri. June 9th Time: 10:00 Chapel

Div: 11 Sect: 1 Blk/Row: ____ Lot: 32 Gr: 12

Grave Laid out by: DARREYL

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: ____

Paulette Flag

E19754

age 12

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLIE	MAE	VICKERS	07/26/1933	05/31/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
RIVERSIDE	RIVERSIDE	WANDA VICKERS, DAUGHTER 311 AURORA DRIVE PERRIS, CA 92571

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329		06/06/2006

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	06/06/2006	GARY M FELDMAN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
RIVERSIDE HEALTH DEPARTMENT 4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S)

BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-9-6	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

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

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
NON-RES.

Date 6-2-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Mae Vickers 10:00

in a Liner (Type of burial container) Funeral, date, time FRIDAY JUNE 9th

Church, Chapel, Graveside ; Ragsdale Mortuary

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

will be applied and billed to undersigned.

Division 11 Section 1 Bldg/Row Lot 32 Grave 12

Grave space & Care Fund E-5086

Overtime/Late Arrival Fees N/A

Opening/Closing & Setup 708.-

Burial Container 359.-

Handling Fees 275.-

Flower vases – Marker setting fee N/A

Recording/Filing/Transfer Fees 85.-

Sales taxes 27.82

Total Due 1,454.82

Paid receipt number

Balance due

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

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

Wanda Vickers
Signature

X Wanda Vickers
Print name
X 311 Aurora Dr.
Address
X Perris, CA 92571
City Zip Code
X 951 581-2996
Telephone

Paulette

Invoice #

Work Order # E-19754

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

F.H. Topay

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need (Res)

Date 6-2-06

#230221

Reserve For Nathaniel Goodwin

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

#230220

of Family of Judy Roberta Whitaker

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned _____

Division 7 Section 2 Blk/Row _____ Lot 84 Grave 5

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container TS vault	355.00
Handling Fees	263.00
Flower vases – Marker setting fee (TRION)	243.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	$3,751.22
Paid receipt number P-00316	$750.00
Balance due	$3,001.22

ID verified CA DL K0714225

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

#230220

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

Judy R. Whitaker X
Signature

(over)

X Co-Purchaser

#230222

Work Order # E-19755

X Judy R. Whitaker
Print Name

X 416 So. Radio Dr.
Address

X San Diego CA 92114
City Zip Code

X (619) 264-8428
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Mail Coupons Deed to;

Mail to: pin # 230222
Pamela Tolson
6812 Rolando Knolls Dr.
La Mesa CA 91941
(619) 469-0216

Pin: 230220 Monthly Payments: $ 126.00 E- 19755

Name	Address	City	Zip Code	Amount
WHITAKER, JUDY R	416 S. RADIO DRIVE	San Diego	92114	$ 3,751.22
or Nathaniel Goodwin				

DIVISION 7 SECTION 2 LOT 84 GRAVE 5

				PERPETUITY 67007	LOT 100/77184	PRE-NEED 63033
	Opened Pre-Need Lot & Trust	Receipt #	Payment			
	Trust include: O/C, TS Vault, H/F, R/F, T/V & Marker			$452.80	$1,811.20	$1,487.22
6/2/2006	Downpayment	P-00316	$750.00	$452.80		$297.20
				$0.00		$1,190.02
8/1/2006	Coupon #	P-00421	$126.00			$126.00
						$1,064.02
8/16/2006	Coupon #	P-00445	$126.00			$126.00
						$938.02
9/18/2008	Coupon #	P-00496	$126.00			$126.00
						$812.02
10/20/2006	Coupon #	P-00545	$126.00			$126.00
						$686.02
11/21/2006	Coupon #	P-00588	$126.00			$126.00
						$560.02
12/20/2006	Coupon #	DCR07-9513	$126.00			$126.00
						$434.02
1/26/2007	Coupon #	P-00673	$126.00			$126.00
						$308.02
2/27/2007	Coupon #	P-00720	$126.00			$126.00
						$182.02
3/26/2007	Coupon #	DCR07-14344	$126.00			$126.00
						$56.02
4/24/2007	Coupon #	P-00803	$126.00			$126.00
						($69.98)
5/23/2007	Coupon #	P-00835	$126.00			$126.00
						($195.98)
7/18/2007	Coupon #	P-00803	$126.00			$126.00
						($321.98)
8/22/2007	Coupon #	P-00947	$252.00			$252.00
						($573.98)
9/21/2007	Coupon #	P-00984	$126.00			$126.00
						($699.98)
11/26/2007	Coupon #	P-01050	$252.00			$252.00
						($951.98)
1/22/2008	Coupon #	P-01114	$252.00			$252.00
						($1,203.98)
4/2/2008	Coupon #	P-01187	$126.00			$126.00
						($1,329.98)
6/6/2008	Coupon #	P-01265	$256.00			$256.00
						($1,585.98)
7/28/2008	Coupon #	P-01328	$225.22			$225.22
					$1,811.20	($1,811.20)
	Transfer from Preneed Fund into 100/77184 DP				$1,811.20	($1,811.20)
					$0.00	$0.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT need

Date 6-5-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marjorie M. Olge #221094

in a Liner (Type of Burial Container) Funeral, date, time Thurs. June 8 1-2pm

Church, Chapel, Graveside Delivery only! Boice Mortuary. James Lyndel

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. 559-299-4372

Division 10 Section — Blk/Row — Lot 1968 Grave —

Grave space & Care Fund	C-7586	0
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup	E-15476	—
Burial Container	"	—
Handling Fees	"	—
Flower vases (Marker setting fee)	"	—
Recording/Filing/Transfer Fees	"	—
Sales taxes	"	—
Total Due		0
Paid receipt number	E-15476	0
Balance due		0

fax # 559-323-1839

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

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

X _____
Signature

Paulette

X see attach
Print Name

X for signature
Address

X _____
City Zip Code

Telephone

Invoice # _____

Work Order # E-19756

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E1975b

GRAVE BLIND CHECK FORM

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

Williams		James Olge	X			
	Horner	Gerow	Gerow	Edmonds		

Blind Check Initiated By: Paulette C. Date: 6-5-06

Interment space for: →

Interment Date: Margaret Olge Time: Delivery Only

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1968 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Map

Blind Check & Verified By: Kenneth Collins Date: 6/5/6

E19756

age 88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARJORIE	MARIE	OGLE	07/22/1917	06/03/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
FRESNO	FRESNO	DEBORAH MOORE - GRANDDAUGHTER 1731 NO. ROGERS AVE. CLOVIS, CA 93619

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
BOICE FUNERAL HOME, CLOVIS, CA	FD-503

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code:	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED 06/06/2006

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID $11.00	9B. DATE PERMIT ISSUED 06/06/2006 P.MILLER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ 69056

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
FRESNO COUNTY HEALTH DEPT. PO BOX 11800, FRESNO, CA 93775	SAN DIEGO COUNTY HEALTH DEPT. PO BOX 85222, SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT need

Date 6-5-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marjorie M. Olge

in a Liner (Type of Burial Container) Funeral, date, time Thurs. June 8 1-2pm

Church, Chapel, Graveside Delivery only' Boice Mortuary, James S. Lyndel

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. 559-299-4372

Division 10 Section — Blk/Row — Lot 1968 Grave —

Grave space & Care Fund C-7586	0
Overtime/Late Arrival Fees N/A	—
Opening/Closing & Setup E-15476	—
Burial Container "	—
Handling Fees "	—
Flower vases " Marker setting fee "	—
Recording/Filing/Transfer Fees "	—
Sales taxes "	—
Total Due	0
Paid receipt number E-15476	0
Balance due	0

fax # 559-323-1839

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

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

← Deborah Moore
Signature

Paulette

X Deborah Moore
Print Name

X 1731 N. Rogers Ave
Address

X Clovis, CA 93619
City, State, Zip Code

X 559-324-9624
Telephone

Invoice # _____

Work Order # E-19756

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-19756

Boice
FUNERAL
HOME

FD-#503

Fax Transmittal Cover Sheet

Date: 06/06/66

Please Deliver the Following to: ATTN - INTERMENT OFFICE

Dept:

Company: MOUNT HOPE CEMETERY

Fax Number: 619-527-3403

From: LYNDEL JAMES,

Number of Pages: 2

Per your request - Signed copy of the Interment Order. We will send the Original Signature with the permit

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT need

Date 6-5-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marjorie M. Olge

in a Liner (Type of Burial Container) Funeral, date, time Thurs. June 8 1-2pm

Church, Chapel, Graveside Delivery only Boice Mortuary

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

will be applied and billed to undersigned. 559-299-4372

Division 10 Section — Blk/Row — Lot 1968 Grave —

Grave space & Care Fund	C-7586	0
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup	E-15476	—
Burial Container	"	—
Handling Fees	"	—
Flower vases - Marker setting fee	"	—
Recording/Filing/Transfer Fees	"	—
Sales taxes	"	—
Total Due		0
Paid receipt number	E-15476	0
Balance due		0

Fax # 559-323-1839

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

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

X Deborah Moore
Signature

X Deborah Moore
Signature

X 7731 N Rogers Ave
Clovis CA 93619
Date

X 559-324-9634
Signature

Paulette

Invoice #

Work Order # E-19756

Acct. #

RSA-104 (5-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

pre-need (Res)

INTERMENT ORDER

City of San Diego

OK per Kevin To sell AS ASH LOT

Date 6-5-06

PIN #230227

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ivalou + Jan Joseph Neumann #230228

in a (2) Ash Vault (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary

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

will be applied and billed to undersigned

Division IOOF Section Bldg Row Q Lot 19 Grave 3

Grave space & Care Fund		$ 426.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2 @ $149.00	298.00
Burial Container	2 Ash Vault	158.00
Handling Fees		85.00
Flower vases – Marker setting fee		178.00
Recording/Filing/Transfer Fees	2 @ $65.00	130.00
Sales taxes		6.12
	Total Due	$1,281.12
	Paid receipt number pd by M/C	$1,281.12
	Balance due	0

PAID JUN - 5 2006 MOUNT HOPE CEMETERY

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

#230227

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

Ivalou Neumann X (Signature)

C/O purchaser

Jan Joseph Neumann

X Ivalou Neumann (Print Name)

X 3002 Naugatuck Ave (Address)

X San Diego CA 92117 (Zip Code)

X 858-273-4044 (Telephone)

Invoice #

Work Order # E-19757

Acct #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19757

DMV CALIFORNIA DMV

DRIVER LICENSE

CLASS:C

EXPIRES 02-04-10

R0425216

JAN JOSEPH NEUMANN
3002 NAUGATUCK AVE
SAN DIEGO CA 92117

SEX:M HAIR:GRY EYES:BRN
HT:5-11 WT:205 DOB:02-04-33

RSTR: CORR LENS

09/28/2005 212 36 FD/10

ESTIMATE SHEET ONLY

Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102
527-3400

E19757

5-31-06
Date

IOOF | | Q | 19 | 3 ~~4~~
Div. | Sec | Blk/Row | Lot | Cr.

LOT		LOT	$ 426.00
Opening and Closing	2@149.00	O/C	$ 298.00
Vault/Liner/Double Crypt/Ash Vault	2@79.00	B/C	$ 158.00
Handling Fee	85.00	H/F	$ 85.00
Recording Fee	2-65@	R/F	$ 130.00
Sales Tax	/	TAX	$ 6.12
TOTAL (LOT & TRUST)		TOTAL	$
Marker Setting Fee (OPTIONAL)		OPT.	$ 178.00
Flower Vase and Installation (OPTIONAL)		OPT.	$

178.00

Total: (WITH MARKER SETTING FEE & FLOWER VASE) $ 1103.12

$1,281.12

Paulette
Estimate Given By:

NEAR Paul manning
LE Roy manning
Lottie manning

The above charges are an estimate only. The figures shown reflect the current prices and are subject to change without notice.

THIS INFORMATION SHEET DOES NOT CONSTITUTE ANY BURIAL ARRANGEMENT. THIS IS FOR INFORMATION PURPOSES ONLY.

CA-103 (9-00)

E19757

FOR DETAIL MAP
SEE SHEET NO. 14

SCALE: 1" = 10'

503

½35, N½42, N½43

DATE: JANUARY, 1948

DRAWN BY: C.N.A.

CHECKED BY: P.K.

Randall L. Taylor

CITY ENGINEER

CITY ENGIN

SUPT. OF CE

(Res)
AT Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-5-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thomas Garrett #230254

in a ASH Vault (E) Funeral, date, time Tues June 13, 06
Type of Burial Container

Church, Chapel, Graveside Time AYD Featheringill 583-9511 Mortuary

All Funeral cars 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 1 Blk/Row _____ Lot 33 Grave 2 (E)

PAID
JUN - 5 2006
MOUNT HOPE CEMETERY

Grave space & Care Fund	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.—
Burial Container	79.—
Handling Fees	85.—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees 65.00 + 65.00	130.00
Sales taxes	6.12
Total Due	449.12
Paid receipt number R-59654	449.12
Balance due	Ø

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

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

X _____
Signature

X Thomas L Garrett
Print Name

X 1151 Milton Ave
Address

X Prescott, AZ 86303
City Zip Code

928-777-8513
Telephone

Paulette

Work Order # E-19758

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

per Rick Featherngill
AYD, please ~~to~~ have
burial Inter by 6-13-06

ARIZONA
Driver License

Number B11402023
Expires 05/10/2011
Date of Birth 05/10/1946
Issued 04/04/2006

E19658

E-19658

MT HOPE CEMETERY

LEFT CENTER MARK G IS BELOW THOMAS G.

GRAVE BLIND CHECK FORM

on grave of Guy C. Garret, E. Mabyn, Mary E.

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

				Brown		
		Saunders	X			

Blind Check Initiated By: Paulette Date: 6-12

Interment space for: Thomas Garrett ⊗

Interment Date: 6-13-04 Time: AM

Div: 1 Sect: 1 Blk/Row: ____ Lot: 33 Gr: 2

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Moreno Date: 6-13-0

E19758 age 85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS. 6461-01

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
THOMAS	GRIMES	GARRETT	07/09/1920	06/02/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	THOMAS L. GARRETT, SON 1151 MILTON AVE. PRESCOTT, AZ 86303

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Please sign in ink	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	M. Domingo	06/08/2006

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.

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	$11.00	06/08/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY; 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SO. CA CREMATORY 601 D CRANE ST.,LAKE ELSINORE, CA 92530	12B. DATE CREMATED 06/08/06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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.)

Bank of America

E19758

0863 P P
E 6-4

THOMAS G. GARRETT
THOMAS LEE GARRETT
6206 MALCOLM DR
SAN DIEGO CA 92115-5704

Your Bank of America Prima Account Statement

Statement Date: May 23, 2006

At Your Service
Call: 619.667.3220

Written Inquiries
Bank of America
58th And El Cajon Branch
PO Box 37176
San Francisco, CA 94137-0001

Customer since 1984
Bank of America appreciates your business and we enjoy serving you.

Our free Online Banking service allows you to check balances, track [illegible]

E19758

FOR OFFICE USE ONLY

Witnessed:

Signed on June 5 (Date), 2006 in San Diego (City)

Signature [signature] Print Full Name David Lugo

Documents Presented:

Az DL # B11402023

Processed by:

Approved by Cemetery Manager: [signature]

Transfer allowed: Yes ✓ **No**

If no, reason:

Resident Fee
Transfer fee paid ($65.00) _____ Resident Fee **New Deed Issuance Paid** ($65.00) _____

Transfer Fee Non-Resident ($85.00) _____ New Deed Issuance Paid Non-Resident ($85.00) _____

E19758

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

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 1 Section 1 Lot 33 Grave 2

2. My legal authority to the above property is based on the following facts: (GRANDFATHER) I AM THE GRANDSON OF GUY C GARRITY AND THE SOLE DECEDENT

3. I have presented the following evidence to support the above facts.

Driver's license

DL

Rev. 08/05

E 19758

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 June, 5, 2006 in San Diego
(Date) (City)

Signature _____ Print Full Name Thomas L Garrett

To have deed sent to you, fill in your mailing address here:

Full Name _____

Address _____

City, State & Zip Code _____

4. **The Last Step:** To finish transfer of ownership, you must **EITHER**:

(1) File this form with the Mt. Hope Cemetery Administrative Office; **OR**

(2) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102. (RES)

(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. (RES)

5. **Notarization:** Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of _____

County of _____ ss.

On this _____ day of _____ in the year _____, before me _____

personally appeared _____, 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 6-5-06

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

in a ASh Vault (Type of Burial Container) Funeral, date, time Tues June 13, 06

Church, Chapel, Graveside Time AYD ; Featheringill Mortuary.

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

will be applied and billed to undersigned. _____

Division 1 Section 1 Blk/Row _____ Lot 33 Grave 2

Grave space & Care Fund PAID	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup JUN - 5 2006	149.—
Burial Container	79.—
Handling Fees NOTIFIED	85.—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees 65.00 + 65.00	130.00
Sales taxes	6.12
Total Due	449.12
Paid receipt number R-59654	449.12
Balance due	Ø

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

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

X _____ Signature

X Thomas L Garrett Print Name

X 151 Milton Ave Address

X Prescott, AZ 86303 City Zip Code

X 928-777-8513 Telephone

Paulette

Work Order # E-19758

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

12-chairs
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

mock setup For Ash (Anniversary) Date 6-5-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Misao Nakagawa Moriyama #226276

in a _____ Funeral, date, time Mon June 19th 11:00 p.m

Type of Burial Container

Church, Chapel, Graveside mock set up ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 11 Blk/Row _____ Lot 131 Grave 3

Grave space & Care Fund	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee mock set up	$71.00
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	$71.00
Paid receipt number R-59664	$71.00
Balance due	0

PAID JUN 12 2006 MOUNT HOPE

Love one was already Buried on 5-9-06

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

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

Signature X

X SHIGERU MORIYAMA
Print Name

X 6738 AKINS AVENUE
Address

X SAN DIEGO 92114-2906
City Zip Code

X (619) 264-4600
Telephone

Invoice # _____

Work Order # E-19759

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

name; of Contact
(Shigeru)
858 492-8600
310 323-2195

At need
Res. fee

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ASHLEY J. OROZCO #230245

in a BX (Type of Burial Container) Funeral, date, time L Thurs June 8, 06 11:00

Church Chapel, Graveside _____ ; El Camino Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 619-264-3168

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 897 Grave 1

Grave space & Care Fund	142.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.-
Burial Container 32L x 13W x 9H	99.-
Handling Fees	36.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-59655 R-59655	527.67
Balance due	0

PAID
JUN - 6 2006
MOUNT HOPE CEMETERY

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

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

X [signature]
Signature

David Lugo

X [signature]
Print Name

X
Address

X 817 ETA ST Ap. 1604
City Zip Code

X National city, CA 91950.
Telephone

Invoice # _____

Work Order # E-19760

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19760

GRAVE BLIND CHECK FORM

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

			JOHNSON			
			X			
				FRANKLIN	FLEMING	
		MOSHER			GAUIN	

Blind Check Initiated By: _____ Date: _____

Interment space for: Ashley J. Orozco (infant)

Interment Date: Thurs June 8 Time: 12:00

Div: 9 Sect: 1 Blk/Row: _____ Lot: 897 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Vasquez Date: 6-6-06

MEXICO MATRICULA CONSULAR CONSULAR ID CARD

Nombre/Name
JOSE GERARDO
OROZCO-MARTINEZ

Lugar y Fecha de Nacimiento/Place of Birth and Birth Date
GUADALAJARA, JAL
20 MAY 1976

Dirección/Address
4122 37TH ST
SAN DIEGO, CA 92105

Fecha de Emisión/Date of Issue
28 FEB 2006

Fecha de Expiración/Date of Expiry
28 FEB 2011

Autoridad/Authority
CONSULMEX
SAN DIEGO

4411131

E19760

E19760

3 mths INFANT

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ASHLEY	JACKELINE	OROZCO	03/01/2006	06/05/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOSE G. OROZCO MARTINEZ, FATHE 4122 37TH ST. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-IMPERIAL AVE., 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	FD-670	▶ Carla Greer	06/08/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	06/08/2006	▶ NANCY L BOWEN, MD

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-8-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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.)

MONEY ORDER RECEIPT - NON NEGOTIABLE

E19760

LOAD THIS DIRECTION, THIS SIDE UP

RETAIN THIS RECEIPT - READ BELOW:

AGT 732318 LOC 000000 DT 053006 $180.00 **1HUNDRED80DOLLARS **
AND NO CENTS**********

Payable to: _____

RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK.

PURCHASE AGREEMENT: You the purchaser agree that Integrated Payment Systems Inc. (IPS) need not stop payment on, or replace, or refund a lost or stolen IPS Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Integrated Payment Systems Inc. in writing immediately, and (3) You provide IPS with this original Money Order receipt issued by Integrated Payment Systems Inc., Englewood, Colorado. For customer service, call 1-800-[illegible]

* 0 8 5 2 5 3 0 2 0 7 3 *

LOAD THIS DIRECTION, THIS SIDE UP

OFFICIAL RECEIPT

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

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

59667

Date: 6-30-06, 20 06

From: X Gerardo Orozco Address: X 4095 [illegible] San Diego CA + credit

one hundred & Eighty dollars 00/100 Dollars ($ 179.71)

in Full Payment of Marker Setting Fee For Ashley Jackeline Orozco Flores & Trion vase

Div 9 Sec 1 Blk/Row Lot 897 Grave 1

Invoice No. E-19760
Marker setting Fee Child
Acct. No. $114.00
W.O. Trionvase 65.71
BALANCE DUE 0 $179.71
credit 29¢

☑ Money Order
☐ Charge
☐ Check

AC-212A (11-05) 08525302073

This information is available in alternative formats upon request

PAID

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

JUN 30 2006

MOUNT [illegible]

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101		
	78390		
TOTAL PAID	$	179	71

credit 29¢/Total $[illegible]

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK. HOLD AT AN ANGLE TO VIEW

WESTERN UNION | MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Greenwood Village, Colorado

08-525302073

82-40/1021

AGENT 732318 DATE 063006
TIME 1242 01
085253020730 LOCATION 000000 180.00 ****

** PAY EXACTLY ONE HUNDRED EIGHTY DOLLARS AND NO CENTS *****

PAY EXACTLY

PAY TO THE ORDER OF Mount Hope Cemetery PAYMENT FOR/ACCT. #

X Gerardo Orozco PURCHASER'S ADDRESS

PURCHASER, SIGNER FOR DRAWER
PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE.

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑆102100400⑆ 40085253020730⑈

MONEY ORDER RECEIPT - NON NEGOTIABLE

LOAD THIS DIRECTION, THIS SIDE UP

RETAIN THIS RECEIPT - READ BELOW.
AGT 732318 LOC 000000 DT 063006 $180.00 **1HUNDREDBODOLLARS **
AND NO CENTS**********

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK.
PURCHASE AGREEMENT: You the purchaser agree that Integrated Payment Systems Inc. (IPS) need not stop payment on, or replace, or refund a lost or stolen IPS Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Integrated Payment Systems Inc. in writing immediately, and (3) You provide IPS with the original Money Order receipt issued by Integrated Payment Systems Inc., Englewood, Colorado. For customer service, call 1-800-999-9650.

* 08525302073 *

LOAD THIS DIRECTION, THIS SIDE UP

AT-Need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-06

1st Burial only #230247

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

of Maria Luisa Morales Angel

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Fri June 9, 06 10:00

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

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

will be applied and billed to undersigned. _____ X

Division 12 Section 2 Blk/Row _____ Lot 204 Grave 8

Grave space & Care Fund		$2,264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	(1) o/c	533.00
Burial Container	DD crypt "A"	539.00
Handling Fees		454.00
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees	(1) R/F	65.00
Sales taxes		$41.77
mort to pay	Total Due	$3,896.77

PAID
JUN - 6 2006
MOUNT HOPE CEMETERY

AP #15439 pd by visa $537.84

Paid receipt number R-59657 3,358.93

Balance due 0

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

#230248

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

X Signature

X Miguel A. Morales
Print Name

X 3582 Island Dv.
Address

X San Diego CA 92102
City Zip Code

X (619) 231 0422
Telephone

Invoice # _____

Work Order # E-19761

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19761

DMV CALIFORNIA DMV

DRIVER LICENSE

CLASS:C

EXPIRES 05-13-10

C5400668

MIGUEL ANGEL MORALES
3582 ISLAND AVE
SAN DIEGO CA 92102

SEX:M HAIR:BLK EYES:GRN
HT:5-05 WT:168 DOB:05-13-68

04/05/2005 23S RB FD/10

MT HOPE CEMETERY E-19761

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. DO Crypt 1st Burial

		#1 Eileen Nelson				
		#7 Oliver Hurd	#8 X	#9 Susan Peltason		

Blind Check Initiated By: Sandra Date: 6-7-06

Interment space for: Maria Luisa Morales Angel

Interment Date: Fri June 9, 06 Time: ?

Div: 12 Sect: 2 Blk/Row: ____ Lot: 204 Gr: 8

Grave Laid out by: DARREYL

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: ____

E-19761

age 56

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA	-	MORALES-ANGEL	09/16/1949	06/04/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	MIGUEL MORALES, BROTHER 1170 TWIN OAKS AVENUE CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶ [signature]	06/08/2006

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

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO PERMIT OF DISPOSAL OUTSIDE OF CALIFORNIA	$11.00	06/09/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

10. AUTHORIZED DISPOSITION(S)

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST.,SAN DIEGO,CA,92102	11B. DATE BURIED 6-9-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

COPY 3 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — V29e (REV.12/94)

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

16 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/6/2006

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James E. Morrow # 227732

in a Top Seal Vault (Type of Burial Container) Funeral, date, time 6/12/06 Mon 1:00

Church, Chapel, Graveside Chapel ; Anderson Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213 will be applied and billed to undersigned. Kelley Morrow

Division 12 Section 2 Blk/Row _____ Lot 111 Grave 12

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263.00
Flower vases - Marker setting fee (1) gal + Marker setting	211.09
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	1,454.60
Paid receipt number 59656	1,454.60
Balance due	0

PAID

JUN - 6 2006

MOUNT HOPE CEMETERY

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

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

Kelley Morrow
Signature

Kelley Morrow
Print Name

844 63rd St
Address

San Diego 92114
City Zip Code

619-264-5885
Telephone

Invoice # _____

Work Order # E-19762

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19762

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Top Seal Vault No Chairs

Nicholson	Thomson Hughes		X	Anderson	West	
		Martin		Morrow		

Blind Check Initiated By: Paulette Date: 6-8

Interment space for: James Morrow

Interment Date: 6/12/06 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 111 Gr: 12

Grave Laid out by: KEN & D

Agrees with Legal Card: ☒ Yes ☐ No Flag

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Thomas Ferguson Date: 6-9-06

E-19762
pg 73

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAMES	EDWARD	MORROW	05/02/1932	06/05/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MICHAEL EDWARD MORROW, SON 610 KELSO COURT CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	06/06/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	06/07/2006	▶ NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-12-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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

Pre-need lot, trust

Date 6-6-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Elizabeth F. Lewton

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

Church, Chapel, Graveside Mortuary.

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

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 120 Grave 2

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	355.-
Handling Fees	263.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	3507.51
Paid receipt number mastercard	701.50
Balance due	2,806.01

PAID JUL 18 2006 MOUNT HOPE CEMETERY

pd by Visa Card A0078054

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

230235

I hereby authorize the interment in lot I hold under deed

x Elizabeth Lewton (Signature)

Paulette

Resident fee

x Elizabeth Lewton (Print Name)

x 4617 E. MtView Drive. (Address)

x San Diego, CA 92116 (City, Zip Code)

x (619) 255-3290 (Telephone)

Invoice #

Work Order # E-19763

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

pin # 230235 Due 6th each month First payment Due July 6, 2006 monthly $116.92 Final $116.85 E-19763

Lewton, Elizabeth F. 4617 E. Mt. View Dr., SD CA 92116 619-255-3290

DIV 12 SEC 2 LOT 120 GRAVE 2

	DEBIT	CREDIT	BALANCE
6/6/06 Opened pre-need lot/trust. Lot $2264, o/c $533	2264.00		2264.00
h/f $263, b/c $355, r/f fee $65, tax on top seal vault	1243.51		3507.51
$27.51. by mastercard		701.51	2806.01
7-18-06 $116.92 P-00397		116.92	2,689.09
7-18-06 $2689.09 Visa Card AP0760SA		2689.09	Ø

PAID

JUL 18 2006

MOUNT HOPE CEMETERY

E19763

2889.16
116.85
3705.01

Late arrival
3:35 on Delivery
At Need Bill Mort.
NON-Res.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-06

PS. #218851

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jewell A. ~~Simmons~~ Hatcher 260

in a Liner (Type of Burial Container) Funeral, date, time ~~Thursday June 8~~ Friday June 9 2006

Church, Chapel, Graveside Direct Delivery Erickson Anderson Mortuary. 466-3297

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

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 1349 Grave 1

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	275.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	27.82
Total Due	1,454.82
Paid receipt number Visa	1,454.82
Balance due	Ø

PAID
JUN - 7 2006
MOUNT HOPE CEMETERY

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

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

X _____ Signature

X See attach for signature Print Name

X Address

X City Zip Code

X Telephone

fax 805-434-1156

Invoice # _____

Work Order # E-19764

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E19764

GRAVE BLIND CHECK FORM

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

	Josefson	Elmer Simmons	X		Lanning	Lanning
			Steadman	Crawford		

Blind Check Initiated By: Paulette Date: 6-8-

Interment space for: Jewell A. Simmons, Hatchett

Interment Date: 6-9-06 Time: 200

Div: 8 Sect: 3 Blk/Row: ____ Lot: 1349 Gr: 1

Grave Laid out by: DAVID & DARRYKE F108

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C Walker Date: 6-8

E 19674 14

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JEWELL	ALLYNE	HATCHER	09/26/1911	06/04/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ATASCADERO	SAN LUIS OBISPO	CAROLYN SIMMONS, DAUGHTER 1145 MALVASIA COURT TEMPLETON, CA 93465

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-LA MESA 8390 ALLISON AVE. LA MESA, CA 91941	FD 296	▶ [illegible]	06/06/2006

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	06/08/2006	FAX AUTH# 9767 ▶ G.W. THOMAS, M.D., BY

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN LUIS OBISPO COUNTY HEALTH DEPT. P.O. BOX 1489 SAN LUIS OBISPO, CA	SAN DIEGO COUNTY HEALTH DEP., P.O. BOX 85222 SAN DIEGO, CA 93465

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6-9-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

NON-RES.

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

of Jewell A. Simmons

in a Liner (Type of Burial Container) Funeral, date, time Thursday June 8 2006

Church, Chapel, Graveside Direct Delivery Erickson Anderson Mortuary.

466-3247

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

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 1349 Grave 1

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	275.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	27.82
Total Due	1,454.82

Paid receipt number Via Mastercard

Balance due _____

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

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

X [signature]
Signature

X Carolyn S. Simmons
Print Name

X 1145 Malvasia ct
Address

X Templeton Ca 93465
City Zip Code

X 805-391-3158
Telephone

fax 805-434-1156

Invoice # _____

Work Order # E-19764

Acct. # [redacted]

This information is available in alternative [redacted]

GATHER UP DATE * NAME: Jewell HATCHER

☐ Chapel ☐ Church ☐ Funeral ☐ Memorial ☐ Other

Religious Setup _____

DATE FRI 6/9/06 DAY Fri TIME 1400

Confirmation #

PLACE/Address/Phone # Mt Hope Cemetery Market St, SD. CA

Service Special Instructions:

D/O - NO FAMILY TAKE FLOWERS

CEMETERY/Address/Phone # MT Hope Cemetery

Preset ☐ Witness ☐

Space Description:

CHECK: Family ☐ FH ☐ Amount $

Cemetery Special Instructions (o/c arranged, set up arranged, etc):

* Rer mit is at Mt Hope

CLERGY none Church & Phone #

HONORARIUM: Family ☐ FH ☐ Amount $

CLERGY Church & Phone #

HONORARIUM: Family ☐ FH ☐ Amount $

Casket Instructions (open/closed) Family assist with closing casket ☐ yes ☐ no

Family seating: ☐ Family Room OR _____ # of pews on ☐ L side ☐ R side Additional Reserved Seating _____

VISITATION or EVENING SERVICE Date none Hours _____

Address and Phone

Confirmation #

CLERGY Church Affiliation

HONORARIUM: Family ☐ FH ☐ Amount $

Visitation Special Instructions:

SVC - DRIVER ; CAR

Escort: ☐ Yes ☐ No

VEHICLES: PB H L L V

Family 1 Address Time Phone

Family 2 Address Time Phone

PALLBEARERS Do we contact? ☐ Yes ☐ No

HONORARY PALLBEARERS

cemetery

REMEMBER

MUSIC 1. 2. 3. Family to bring music ☐

Musician/s: Phone #

Honorarium: Family ☐ FH ☐

Amount: $

Vocalists/s: Phone #

Honorarium: Family ☐ FH ☐

Amount: $

Casket Name Star Silver Mfg Number _____

Cap Panel [ ] Standard or _____

Corners Selected _____

Urn Name _____ Mfg Number _____

Engraving:

Outer Burial Container

Type _____

Color _____

Inscription & Insignia

_____ Folders/Cards

Type _____

Verse _____

Memorial Book Type

_____ Boxes of Thank You Cards

Other Items Needed

Memory Tables Needed In [ ] Viewing [ ] At Service

Easels Needed In [ ] Viewing [ ] At Service

Personalized Items Will Be:
[ ] Brought In _____
[ ] Picked Up From _____

Date/Time/Address

Return of Personalization Items:
[ ] Family to Pick Up _____
[ ] We Deliver

Date Time/Address

TRIBUTE AND KEEPSAKE

Quantity	Description	Ordered	Instructions for Handing Out Keepsakes

Military Honors:

U.S. Flag on Casket ☐ No ☐ Yes, if so; Draped ☐ Folded ☐

First view: Hairstyling/makeup: Crucifix, type:

Jewelry/Glasses, etc. DISPOSITION:

Initial dark boxes for confirmation of place of service, cemetery, clergy, escort, musician, vocalist & military honors

At Need
(RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-7-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Josefina Rodriguez Garcia #230236

in a Liner (Type of Burial Container) Funeral, date, time June 14th 2006 Weds. 10:00

Church, Chapel, Graveside _____ ; Berge Roberts Mortuary. Andrea 474-6565

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

will be applied and billed to undersigned. _____ X

Division 12 Section 2 Blk/Row _____ Lot 142 Grave ~~8~~ 6 6

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container Liner	270.00
Handling Fees WO# 4957	206.00
Trion Flower vases - Marker setting fee ✓ $65.71 & 178.00	243.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,602.64
Paid receipt number P-00326	3,602.64
Balance due	0

PAID
JUN - 7 2006
MOUNT HOPE CEMETERY

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

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

[signature] X
Signature

c/o purchaser
Adriana Garcia
PIN # 230238

230237

X Cesar R. Garcia
Print Name

X 335 Sunnyside Ave
Address

X San Diego, CA 92114
City Zip Code

X (619) 468-9234
Telephone

Invoice # _____

Work Order # E-19765

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

mailed Deed 6-14-06

c/o purchaser
Adriana Garcia

Daughter
658-5793

232-43811 X1409
Adriana WK

MT HOPE CEMETERY E-19765

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	#2 Juan Cruz JR	#3			
			#6 X	#7 mamie mclemore		

Blind Check Initiated By: Sandra Date: 6-13-06

Interment space for: Josefina Garcia

Interment Date: Wed June 14, 06 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 142 Gr: 6

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 6-13-06

E19765

DMV CALIFORNIA DMV

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 03-01-14

N6243446

JOSEFINA RODRIGUEZ GARCIA
335 SUNNYSIDE AVE
SAN DIEGO CA 92114

SEX:F HAIR:BLK EYES:BRN
HT:5-03 WT:130 DOB:03-01-26

Josefina R Garcia

02/18/2004 613 E3 FD/14

E19765
age 80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (O/MN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSEFINA	RODRIGUEZ	GARCIA	03/01/1926	06/07/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MANUEL GOMEZ, SON 711 ENCINITAS AVE. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-N.C., 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284	▶ Carlos Flores	06/12/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	06/12/2006	▶ NANCY L BOWEN, MD

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-14-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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.)

(NON-K
mock-set up
with canopy

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-7-06

218851

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jewell A. ~~Simmons~~ Hatcher

in a mock set up (Type of Burial Container) Funeral, date, time Fri June 23, 06 11:30

Church, Chapel, Graveside _____ ; Erickson Anderson Mortuary 466-3297

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

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 1349 Grave 1

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	Ø
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee mock set w/ canopy	$71.00
Recording/Filing/Transfer Fees	Ø
Sales taxes	Ø
Total Due	$71.00
Paid receipt number V ok	71.00
Balance due	Ø

PAID
JUN - 7 2006
MOUNT HOPE CEMETERY

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

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

X
Signature

X see attach
Print Name
X for signature
Address
X
City Zip Code
X
Telephone

Invoice # _____

Work Order # E-19766

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

All Funeral cars must arrive before 3:00 p.m. of regular work day or [illegible]

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 1349 Grave 1

Grave space & Care Fund	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee Mock set w/ canopy	$71.00
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	$71.00

Paid receipt number _____

Balance due _____

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

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

[signature]
Signature

x Carolyn Simmons
Print Name

x 1145 Malvasia ct.
Address

x Templeton CA 93465
City Zip Code

x Carolyn Simmons
Telephone

805-391-3158

Invoice # _____

Work Order # E-19766

Acct. # 4246 3119 2303-6617
ex 04/09

This information is available in alternative formats upon request.

(NON-Res)

Disinterment ✓

Family would like to keep marker
mort will be taking stone

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-7-06

164437

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gudrun A. Johnson 2006

in a Size #3 (Type of Burial Container) Funeral, date, time Weds July 19, 10:30

Church, Chapel, Graveside Family NOT present ; Neptune Society 561-6400 Vince Mortuary

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

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 871 Grave 1

PAID

JUN - 7 2006

MOUNT HOPE CEMETERY

Grave space & Care Fund	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees Disinterment	$1,887.00
Sales taxes	—
Total Due	$1,887.00
Paid receipt number R-59661	$1,887.00
Balance due	0

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

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

Sandra Lehnow X
Signature

X Sandra Lehnow
Print Name

X 1105 S. Mollison Ave.
Address

X El Cajon CA 92020
City Zip Code

X 619 444-3612
Telephone

Invoice # _____

Work Order # E-19767

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Neptune Society
Fax# 390-8024
ATTen; Vince

MT HOPE CEMETERY E19767

GRAVE BLIND CHECK FORM

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

	HANNEL		x	CARL	CARL	
		HALL, JR.	HALL	ROSEMARY		

Blind Check Initiated By: KEVIN Date: 7-17-06

Interment space for: Gudrun Johnson

Interment Date: Weds July 1906 Time: 10:30

Div: 8 Sect: 1 Blk/Row: ____ Lot: 871 Gr: 1

Grave Laid out by: Norman Fergus

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 7-17-06

E19767

OFFICIAL RECEIPT

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

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

59660

Date: June 7, 2006

From: Sandra Luhnow Address:

Donation to Mt. Hope of Cemetery Plot Dollars ($ 3011.00 Value

in Payment of

Div 8 Sec 1 Blk/Row Lot 871 Grave 1

Invoice No.

Acct. No.

W.O.

BALANCE DUE

Donation Receipt

☐ Money Order
☐ Charge
☐ Check

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

Donated

ISSUED BY [signature]
Cem. Manager

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Sales Tax	60101	
Donation	78990	Value
TOTAL PAID	$	3011. 00

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

E19767

THE CITY OF SAN DIEGO

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

Date: 6/7/06

I/We Sandra Luhnow

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Mt. Hope Cemetery / David Lugo
Street Address: 3751 Market St. Apt / Unit #:
City: San Diego ST: CA Zip-Code: 92103
Telephone #: (619) 527-3400

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 8 Section: "1" Blk / Row: " "
Lot(s): 871 Grave(s): 1

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this day

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

Sandra Bradley 6-7-06 — WITNESS
Sandra L Luhnow — Legal Owner / Reprehensive Signature

WITNESS
Legal Owner / Reprehensive Signature

CEMETERY REPREHENSIVE NAME
D Lugo - Cem. Manager — Cemetery Reprehensive Signature

Disinterment 07-19-06

E19767

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GUDRUN	A.	JOHNSON	06/18/1891	11/09/1963	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	SANDRA LUHNOW-GRANDDAUGHTER 1105 S.MOLLISON AVE. EL CAJON,CA 92020

7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
NEPTUNE SOCIETY 14065 HWY 8 BUS,EL CAJON,CA 92021	FD-1352

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

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

8B. DATE SIGNED: 06/13/2006

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR + ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	06/13/2006 L. HEATH	2604453 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA, INC. 14065 HWY 8 BUS,EL CAJON,CA 92021	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED EVERGREEN-WASHELLI,11111 AURORA AVE.N., SEATTLE,WA 98133	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

OFFICIAL RECEIPT

[redacted]

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

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

59661

Date: 6-7-06 , 20 06

From: Sandra L Luhnow Address: 1105 S. MOLLISON AVE El Cajon 92020

One thousand Eight hundred Eighty-Seven 00/100 Dollars ($ 1,887.00)

in Full Payment of DISINTERMENT FOR Gudrun Johnson

Div 8 Sec 1 Blk/Row ____ Lot 871 Grave 1

Invoice No. E-19767

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check #1887

AC-212A (11-05)

This information is available in alternative formats upon request.

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

PAID
JUN - 7 2006
MOUNT HOPE CEM

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181	708	00 01
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	1,179	00 misc
Sales Tax	60101		
	78390		
TOTAL PAID	$	1,887	00

SANDRA L. LUHNOW
1105 S. MOLLISON AVE. PH. 619-444-3612
EL CAJON, CA 92020-7735

90-8157/3222
918982008

1887

DATE 7 June 06

PAY TO THE ORDER OF Mt Hope Cemetery $1887 00/100

One thousand eight hundred eighty seven DOLLARS

CALIFORNIA COAST CREDIT UNION
P.O. Box 502080
San Diego, CA 92150-2080
(858) 495-1600

MEMO ____ Sandra L Luhnow

[redacted]

E19767

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 Gudrun Johnson 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	Grave	Section	Division
871	1	1	8

We acknowledge that we have been advised that the remains of may not be present and/or intact.

Sandra L Lehnow
SIGNATURE(S)

granddaughter
RELATION TO DECEASED

WITNESSED BY

June 7, 2006
DATE

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

DIVERSITY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT- Need
(NON-Res)

Date 6-7-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Withers #230251

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time MON June 12, 06 10:00

Church, Chapel, Graveside _____ ; Ragsdale/Kevin Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00

will be applied and billed to undersigned. Annette Cross X

Division MAS Section C Blk/Row _____ Lot 4 Grave 6

Grave space & Care Fund		$3,011.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2 @ $708.00	$1,416.00
Burial Container	DD Crypt "A"	717.00
Handling Fees	WO#5003	604.00
Monument Trion $76.87	12x30 $358.40	
Flower vases - Marker setting fee	Foundation + Border	435.27
Recording/Filing/Transfer Fees	2 @ $85.00	170.00
Sales taxes		$55.57
	Total Due	$6,408.84
	Paid receipt number R-59663	6,408.84
	Balance due	0

PAID
JUN - 9 2006
MOUNT HOPE CEMETERY

MORT TO PAY
Monument
2nd Trion vase
purchased 7-12-06
P-00385

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

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

Annette Cross X
Signature

#230252
X ANNETTE CROSS
Print Name
X 15671 LAKE TERRACE
Address
X LAKE ELSINORE, CA 92530
City Zip Code
X 951-678-3469
Telephone

Invoice # _____

Work Order # E-19768

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19768

GRAVE BLIND CHECK FORM

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

DD Crypt "A" 1st Burial

				#16 George Keays		
			X	#15 Murray Mary		

Blind Check Initiated By: Sandra Date: 6-8-06

Interment space for: Charles Withers

Interment Date: mon June 12, 06 Time: 10:00

Div: MAS Sect: C Blk/Row: ____ Lot: 4 Gr: 6

Grave Laid out by: DAVID & DARRYEL

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Norman Tenque Date: 6-8-06

E19768

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 31

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHARLES	ADRIAN	WITHERS	08/16/1974	06/02/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
WILDOMAR	RIVERSIDE	ANNETTE CROSS, MOTHER 619 WALNUT DRIVE LAKE ELSINORE, CA 92530

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Stan Campbell	06/07/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	06/08/2006	GARY M FELDMAN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
RIVERSIDE HEALTH DEPARTMENT 4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-12-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Jameson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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 –	14B. 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 –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — 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.)

AT-NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

~~Pre-need~~
Res. fee

Date 6-7-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Por Khio Meekham Pin #230243

in a Top Seal vault (Type of Burial Container) Funeral, date, time Sat, July 15, 2006

Church, Chapel, Graveside 10.00am : Community Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned Phat Khaleck

Division 12 Section 2 Blk/Row PAID Lot 224 Grave 8

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees Sat. Fee JUL 13 2006	$851.00
Opening/Closing & Setup	533.00
Burial Container MOUNT HOPE CEMETERY	355.00
Handling Fees wo#5020	263.00
Flower vases – Marker setting fee Galv vase + setting fee 33.09 / 178.00	211.09
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	3718.60
Paid receipt number Master card	743.72
Balance due	2974.88

07-10-06 payment made of
$123.95 Balance Due
$2,850.93 plus Sat. Fee $851.00
Total $3,701.93 pd in full R-59703 $3,701.93 Bal Ø

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

230240

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

x Phat Khaleck
Signature

x PHAT KHAleck
Print Name

x 3121 Central ave
Address

x SD CA 92105
City Zip Code

x 619) 283-5702
Telephone 619) 564-1679

Paulette

Invoice #

Work Order # E-19769

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

ADD $851
for SAT
Services

Total $3,701.93

E-19769 Due 15 each month monthly $123.95 Pin#230240

First payment Due July 15, 06

Khaleck, Phat 3121 Central Avenue, SD CA 92105 619-283-5702 / 619-564-1679

Division 12 Sec 2 Lot 224 Grave 8

	DEBIT	CREDIT	BALANCE
6/7/06 Opened pre-need lot/trust. Trust includes: Lot	2264.00		2264.00
o/c $533, b/c $355, h/f $263, r/f $65, galv vase $33.09	1454.60		3718.60
setting fee $178, tax on ts vault $27.51 by mastercard.		743.72	2974.88
7-10-06 P-00376 Coupon #1 July 2006		123.95	$2850.93
7-13-06 pre-need Turn AT-need R-59703 Balance pd IN Full Bal 0			

E19769

DMV CALIFORNIA DMV
DRIVER LICENSE
CLASS:C
EXPIRES 06-15-09
A7181391
PHAT KHALECK
3121 CENTRAL AVE APT 1
SAN DIEGO CA 92105
SEX:F HAIR:BLK EYES:BLK
HT:5-00 WT:110 DOB:06-15-64
RSTR: CORR LENS
PHAT KHALECK
05/12/2004 S06 10 FD/09

Thaa Saliphiw

12-2-105-8

E-19769
age 76

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KHIO	-	MEEKHAM	04/14/1930	07/11/2006	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	NOI MEEKHAM, SPOUSE 3121 CENTRAL AVENUE #1 SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA CA 91911	FD1682	▶ [signature]	7/13/06

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/13/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 7/15/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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.)

OFFICIAL RECEIPT

[redacted]

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

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

P 00376

Date: 7-10 .20 05

From: X Phat Khaleck Address: X 3121 Central Ave S.D. 92105

One hundred Twenty-Three 95/100 Dollars ($ 123.95)

in PART Payment of Pre-Need lot + Trust Coupon #1

Div 12 Sec 2 Blk/Row Lot 224 Grave 8

Invoice No. E-19769

Acct. No.

W.O.

BALANCE DUE $2,850.93

☐ Pre-Need Lot ☑ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

JUL 10 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	123	95
Trust	77186		
TOTAL PAID		$ 123	95

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19769

Phat Khaleck
3121 Central Avenue
San Diego, CA 92105

Payment Number:	1	**Payment Due Date:**	07/15/2006
Payment Amount:	123.95	**Amount Enclosed:**	
Payment after 07/25/2006:	123.95		$123.95
Bal. After This Payment:	2850.93	*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payments Remaining:	23.00		

THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT AMOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

MoneyGram. Money Orders — INTERNATIONAL MONEY ORDER

07/10/06

4887961321
MONEY ORDER

PAY ONLY THIS AMOUNT

***123.95

ONE HUNDRED ****
TWENTY-THREE ***
DOLLARS 95 CENTS

PAY TO THE ORDER OF:/ PAGAR A LA ORDEN DE: Mount Hope Cemetary
IMPORTANT - SEE BACK BEFORE CASHING
E-19769
PHAT KHAleck
PURCHASER, SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR
PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS:/ DIRECCIÓN: 3121 Central Ave #1 San Diego CA 92105
Payable Through Citizens State Bank of Clara City Clara City, MN
ISSUER/DRAWER: MONEYGRAM PAYMENT SYSTEMS, INC.

993241412739001
1958741191102321

TO AUTHENTICATE RUB CIRCLE
PARA AUTENTICAR RESTREGAR EL CIRCULO

4887961321 1

⑆091916187⑆488 79613211⑈ 90

E19769

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 7th day of June, 20 06, Between Phat Khaleck, 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: Division 12, Section 2, Block/Row ___. Lot 224, Grave 8, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $3,715.60 payable as follows: $ 743.72 cash herewith, the receipt of which is hereby acknowledged; $ 123.95 on the 15th day of July, 2006;. And the balance in installments of $ 124.03 or more, payable at the office of Mt. Hope Cemetery, on the 15th 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 NOT 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 Certificate of Ownership 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

E19769

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 of 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 bond and liable hereunder.

E-19769

WITNESS our hands this day and year above written.

TOTAL $ 3,718.60

DOWNPAYMENT $ 743.72

23 MONTHS $ 123.95

FINAL
24TH MONTH $ 124.03

TWO YEAR CONTRACT

I agree to pay the required monthly

Payments of $ 123.95 for 23 months.

Final payment to be $ 124.03 on

The 24th month.

First monthly payment to begin on:

MONTH July 15th

YEAR 2006

Purchaser's Signature X Phat Khalech

PURCHASER PHONE

X PHAT KHALECK
Print Name

X Phat Khalech
Signature

X 3121 Central Ave #1 SD CA 92105
Street Address (Mail)

X
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery
3751 Market Street
San Diego CA 92101

By: Paulette Cragford

PC:pc
March 29, 2006

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need
IN Grave
with Sepin Magdalena

Date 6-8-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lee Clark Sepin #230250

in a DD Crypt "B" (Type of Burial Container) Funeral, date, time Mon. June 12, 11:00

Church, Chapel, Graveside ____ Community Mortuary. Robert 426-2006

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. [signature] X

Division 12 Section 2 Blk/Row ____ Lot 113 Grave 4(B)

Grave space & Care Fund	E-14882 (1999)	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		0
Burial Container	DD Crypt "B"	0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		0
Sales taxes		0
Total Due		0
Paid receipt number		0
Balance due		0

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

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

[signature] X
Signature

X J. B. Sepin
Print Name

X 142 East OXFORD ST.
Address

X Chula Vista 91911
City Zip Code

X 858 565-2981
Telephone

6194263616

Invoice # ____

Work Order # E-19770

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Lee Sepin is husband

MT. HOPE CEMETERY

INTERMENT ORDER

E19770

City of San Diego

Date 2-10-99

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

in a Double Depth (Type of Burial Container) Funeral, date, time Mon. 2-22 10:00

Church, Chapel, Graveside Church / Graveside Humphreys Mortuary.

All Funeral cars must arrive before ~~8:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 113 Grave 4 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup 375.00	750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee 45.00	90.00
Sales taxes	29.45
Total Due	2464.45
Paid receipt number R-50834	2464.45
Balance due	Ø

PAID FEB 10 1999 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

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

X Norma Sepin
Signature

X 142 EAST Oxford St.
Address

X Chula Vista CA 91911
City Zip Code

Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 14882

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

IN Grave with
magdalena Sepin

MT HOPE CEMETERY E-19770

GRAVE BLIND CHECK FORM

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

DD Crypt "B" 2nd Burial

			Miller	Byrd		
			Juarez	Daniels	smith	
			X	salvador		
			ESTRADA			

Blind Check Initiated By: _____ Date: _____

Interment space for: Lee Clark Sepin

Interment Date: Mon June 12 Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 113 Gr: 4

Grave Laid out by: KEN & D

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 6-12-00

E19770
age 93

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LEE	CLARK	SEPIN	04/29/1913	06/08/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	9. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	TEDDY DUARTE, DAUGHTER 6063 GARRETT STREET JUPITER, FL 33458

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA CA 91911	FD1682	▶ [signature]	6-9-06

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	06/09/2006	▶ NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 6-12-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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

Date 6-12-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy R. Young #225401

in a LINER (Type of Burial Container) Funeral, date, time SAT. JUNE 17 11:00

Church, Chapel, Graveside : CA BURIAL Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 280 Grave 10

Grave space & Care Fund	E-14196	0
Overtime/Late Arrival Fees	SAT. FEE	851.-
Opening/Closing & Setup		533.-
Burial Container		270.-
Handling Fees		206.-
Flower vases – Marker setting fee	N/A	—
Recording/Filing/Transfer Fees		65.-
Sales taxes		20.93
Total Due		1945.93
Paid receipt number	R-591608	194593
Balance due		0

PAID
JUN 14 2006
MOUNT HOPE CEMETERY

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

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

X _____ Signature

San Diego Res.
Paulette

Work Order # E-19771

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19771

GRAVE BLIND CHECK FORM

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

		HOYT	HARRIS	WILLIAMS	FORTSON	ROWE
	NGUYEN		X			Holden

Blind Check Initiated By: Paulette Date: 6/13

Interment space for: Dorothy R. Young

Interment Date: 6-17-06 SAT. Time: 11:00 G.S.

Div: 12 Sect: 2 Blk/Row: ____ Lot: 280 Gr: 10

Grave Laid out by: ____

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flags

Blind Check & Verified By: David Morrison Date: 6-14-0

E-19771

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ag 84

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DOROTHY	RUTH	YOUNG	11/06/1921	06/09/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	ROBERT YOUNG, SON 10725 EUREKA ROAD SPRING VALLEY, CA 91978

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

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	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
		▶ Victoria Mitchell	6/16/06

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	06/16/2006	NANCY L BOWEN, MD ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 6-17-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Lamm	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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 -	14B. 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 -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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

670-1646

At need

Date 6-12-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy R. Young

in a LINER (Type of Burial Container) Funeral, date, time SAT. JUNE 17 11:00

Church, Chapel, Grevaside CA BURIAL Mortuary

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

will be applied and billed to undersigned. _____

Division 13 Section 2 Sid/Row _____ Lot 280 Grave 10

Grave space & Care Fund	E-14196	0
Overtime/Late Arrival Fees	SAT. FEE	861.—
Opening/Closing & Setup		533.—
Burial Container		270.—
Handling Fees		206.—
Flower vases – Market setting fee	N/A	—
Recording/Filing/Transfer Fees		65.—
Sales taxes		20.93
Total Due		1945.93

Paid receipt number _____

Interest due _____

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

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

X Robert Young
Signature

X ROBERT YOUNG
Print name

X 10725 EUREKA RD
Address

X SPRING VALLEY 91978
City Zip Code

X 6196701646
Telephone

Paulette

Work Order # E-19771

Invoice # _____

Acct. # _____

SEA-104 (8-04)

This information is available in alternative formats upon request.

© Cities of Greenhorn

Fax Back to: 619-286-2674

Deed transfer At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-12-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Transfer from Thomas Feundy to Bernice R. Israels

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

Church, Chapel, Graveside _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division IDOF Section _____ Blk/Row 28 Lot 4 Grave 5,6,7+8

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	130.—
Total Due	130.—
Paid receipt number R-59665	130.—
Balance due	Ø

PAID
JUN 12 2006
MOUNT HOPE CEMETERY

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

230255

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

Bernice R. Israels
Signature

X Bernice R. Israels
Print Name

X 8000 Corrigan Way
Address

X Reno NV 89506
City Zip Code

X 775-997-9187
Telephone

Paulette

Invoice # _____

Work Order # E-19772

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19772

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

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division IOOF Section BIK 28 Lot 4 Grave 5, 6, 7 + 8

2. My legal authority to the above property is based on the following facts: great-great grand-daughter I am the heir to these gravesites, and will take responsabilty and liablity.

3. I have presented the following evidence to support the above facts.
birth certificates and death certificate

DL

Rev. 08/05

E19772

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 June 12 (Date), 2006 in San Diego (City)

Signature Bernice R. Israels Print Full Name Bernice Ruth Israels

To have deed sent to you, fill in your mailing address here:

Full Name Bernice Ruth Israels

Address 8600 Corrigan Way

City, State & Zip Code Reno, NV 89506

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 _____

ss.

County of _____

On this _____ day of _____ in the year _____, before me _____

personally appeared _____, 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

E19772

FOR OFFICE USE ONLY

Witnessed:

Signed on _____, _____ in _____
(Date) (City)

Signature _____ Print Full Name _____

Documents Presented:

Death Certificates of Thomas Laundry. Death Certificate of her date George Laundry.
Her birth certificate

Processed by: Paulette Crawford

Approved by Cemetery Manager: Maria A. Dovensky

Transfer allowed: Yes ✓ **No** _____

If no, reason:

_____

_____

_____

Transfer fee paid ($65.00) ✓ **New Deed Issuance Paid** ($65.00) ✓

DL

Rev. 08/05

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

E19770

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS

STATE FILE NUMBER: 3 200537 015239
LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): GEORGE
2. MIDDLE: WILLIAM
3. LAST (Family): LAUNDY
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST): -
4. DATE OF BIRTH (mm/dd/yyyy): 04/28/1929
5. AGE (Yrs.): 76
If under one year: Months / Days; If under 24 hours: Hours / Minutes
6. SEX: M
9. BIRTH STATE/FOREIGN COUNTRY: MI
10. SOCIAL SECURITY NUMBER: 383-26-8106
11. EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS (at Time of Death): MAR
7. DATE OF DEATH (mm/dd/yyyy): 10/10/2005
8. HOUR (24 Hours): 0830
13. EDUCATION — Highest Level Completed (see worksheet on back): SOME COLLEGE
14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? [ ] YES [X] NO
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): CAUCASIAN
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: CAPTAIN
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): FIRE FIGHTING DEPT.
19. YEARS IN OCCUPATION: 25

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 4644 FIRESTONE ST.
21. CITY: SAN DIEGO
22. COUNTY/PROVINCE: SAN DIEGO
23. ZIP CODE: 92117
24. YEARS IN COUNTY: 51
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: SARA LAUNDY - WIFE
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 4644 FIRESTONE ST.,SAN DIEGO, CA 92117

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: SARA
29. MIDDLE: G.
30. LAST (Maiden Name): ALBONE
31. NAME OF FATHER — FIRST: FRANK
32. MIDDLE: -
33. LAST: HAYNES
34. BIRTH STATE: MI
35. NAME OF MOTHER — FIRST: GENVERA
36. MIDDLE: -
37. LAST (Maiden): WILLIAMS
38. BIRTH STATE: MI

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE (mm/dd/yyyy): 10/14/2005
40. PLACE OF FINAL DISPOSITION: RES/SARA LAUNDY, 4644 FIRESTONE ST., SAN DIEGO, CA 92117
41. TYPE OF DISPOSITION(S): CR/RES
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: BAYVIEW CREM. & BURIAL
45. LICENSE NUMBER: FD-1661
46. SIGNATURE OF LOCAL REGISTRAR: Nancy L Bowen MD
47. DATE (mm/dd/yyyy): 10/14/2005

PLACE OF DEATH

100. PLACE OF DEATH: OWN RES.
101. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA
102. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/Long Term Care [X] Decedent's Home [ ] Other
104. COUNTY: SAN DIEGO
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 4644 FIRESTONE ST.
106. CITY: SAN DIEGO

CAUSES OF DEATH

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

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a): ACUTE RESPIRATORY FAILURE
Time Interval Between Onset and Death: SEC
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
(b): COLON CANCER
MOS
(c)
(d)

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

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 05/13/2003 (mm/dd/yyyy); Decedent Last Seen Alive: 09/22/2005 (mm/dd/yyyy)
115. SIGNATURE AND TITLE OF CERTIFIER:
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: PAUL D. WAGNER, MD. 4060 4th. AVE. STE 100 SAN DIEGO, CA 92103
117. LICENSE NUMBER: 677188
117. DATE (mm/dd/yyyy): 10/11/2005

CORONER'S USE ONLY

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

STATE REGISTRAR

A | B | C | D | E
FAX AUTH. #: 2516750
CENSUS TRACT:

A01452581

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: October 18, 2005

Nancy L Bowen MD
NANCY L. BOWEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

E19772

Certificate As To Birth

STATE OF MICHIGAN
COUNTY OF CHIPPEWA } ss.

I, Judson P. Swart, Clerk of the County of Chippewa and of the Circuit Court thereof, the same being a Court of Record having a seal, do hereby certify that the following is a copy of the record of birth now remaining in my office of:

George William Laundy

Date of Birth April 28, 1929

Sex Male Color White

Birthplace Sault Ste. Marie, Michigan

Parents

Name of Father Frank H. Laundy

Birthplace Michigan

Occupation Salesman

Name of Mother Genevra I. Williams

Birthplace Michigan

Residence of Parents Sault Ste. Marie, Michigan

And the same being the whole of such original record of said birth as recorded in

Liber 8 Page 310 on August 14, 1951

IN TESTIMONY WHEREOF, I have hereto set my hand and official seal, at the City of Sault Ste. Marie, In said County this

24th day of January 1963

SEAL

JUDSON P. SWART

Judson P. Swart Clerk ~~Deputy~~

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

E19772

GREGORY J. SMITH

ASSESSOR/RECORDER/COUNTY CLERK

STATE FILE No. 56 275387

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT No. 8009 REGISTRAR'S NUMBER 18081

THIS CHILD (TYPE OR PRINT NAME)	1a. CHILD'S FIRST NAME: BERNICE	1b. MIDDLE NAME: RUTH	1c. LAST NAME: LAUNDY	
	2. SEX: Female	3a. THIS BIRTH: SINGLE, TWIN, OR TRIPLET? Single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4a. DATE OF BIRTH—MONTH, DAY, YEAR: October 24, 1956 / 4b. HOUR: 11:12 PM.
PLACE OF BIRTH	5a. COUNTY: San Diego	5b. CITY OR TOWN: San Diego		☐ OUTSIDE CORPORATE LIMITS ☒ INSIDE CORPORATE LIMITS
	5c. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Hospital	5d. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): Hillcrest Drive, San Diego, California		
USUAL RESIDENCE OF MOTHER	6a. STATE: California	6b. COUNTY: San Diego	6c. CITY OR TOWN: San Diego 6, ☐ OUTSIDE CORPORATE LIMITS ☒ INSIDE CORPORATE LIMITS	6d. STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBERS): 1365 Rosecrans Street
MOTHER OF CHILD	7a. MAIDEN NAME OF MOTHER—FIRST NAME: Sara	7b. MIDDLE NAME: Grace	7c. LAST NAME: Abone	8. COLOR OR RACE OF MOTHER: White
	9. AGE OF MOTHER (AT TIME OF THIS BIRTH): 20 YEARS	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Montana	11. MAILING ADDRESS OF MOTHER—IF DIFFERENT FROM USUAL RESIDENCE (FOR NOTIFICATION OF BIRTH REGISTRATION): Same	
FATHER OF CHILD	12a. NAME OF FATHER—FIRST NAME: George	12b. MIDDLE NAME: William	12c. LAST NAME: Laundy	13. COLOR OR RACE OF FATHER: White
	14. AGE OF FATHER (AT TIME OF THIS BIRTH): 27 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Michigan	16a. USUAL OCCUPATION: Tool & Die Maker	16b. KIND OF BUSINESS OR INDUSTRY: Convair
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	17a. SIGNATURE OF PARENT OR OTHER INFORMANT (IF OTHER THAN PARENT, SPECIFY): Sara Grace Laundy		17b. DATE SIGNED BY PARENT OR OTHER INFORMANT: October 25, 1956
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.	18a. SIGNATURE OF ATTENDANT: Alfred Sand, MD		18b. ADDRESS: 1934 Cable Street
REGISTRAR'S CERTIFICATION	19. DATE RECEIVED BY LOCAL REGISTRAR: OCT 31 1956	20. SIGNATURE OF LOCAL REGISTRAR: [illegible]		21. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT

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.

June 12, 2006

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

001792412

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFIED RECORD OF DEATH

STATE OF MICHIGAN)
) ss.
County of Chippewa)

I, Diane S. Cork, Clerk of the County of Chippewa, and of the Circuit Court thereof, the same being a Court of Record having a seal, do hereby certify that following is a copy of the record of death of George Laundy now remaining in my office, and of the whole thereof, viz:

Record No.	Date of Death	Full Name of Deceased	Age	Race	Marital Status
258	September 15, 1953	George Laundy	89	White	Widowed

Place of Death	Name of Father	Birthplace	Name of Mother	Birthplace
Sault Ste. Marie, MI	Thomas Laundy	Unknown	Unknown	Unknown

Cause of Death	Birthplace	Occupation	Date of Record
Cerebral Thrombosis	Sarnia, Ontario	Retired	October 2, 1953

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court, this 24th day of March, 20 06.

Diane S. Cork, County Clerk

By Kari Willis
Kari Willis, Deputy Clerk

C-19778

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

E19772

COUNTY OF SAN DIEGO

GREGORY J. SMITH

ASSESSOR/RECORDER/COUNTY CLERK

PLACE OF DEATH. Dist. No. 3701 (to be inserted by Registrar)

California State Board of Health
BUREAU OF VITAL STATISTICS

25-C24528

STANDARD CERTIFICATE OF DEATH

County of San Diego

City or Town of San Diego

or Rural Registration District San Diego County Sec. Gen. Hosp.

Local Registered No. 790

[If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Nos. 18a and 18b.]

FULL NAME Thomas Laundy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Laundy

DATE OF BIRTH: November (Month) 23 (Day) 1824 (Year)

AGE: 100 years 6 months 1 days — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Second Hand Dealer
(c) Name of employer: + Cabinet maker

BIRTHPLACE (State or country, city or town): England

PARENTS
NAME OF FATHER: Thomas Laundy
BIRTHPLACE OF FATHER (city or town) (State or country): England
MAIDEN NAME OF MOTHER: F. Otaher
BIRTHPLACE OF MOTHER (city or town) (State or country): England

LENGTH OF RESIDENCE
At Place of Death 3 years ___ months ___ days (Primary registration district) (If nonresident, give city or town and state) National City Cal
In California ___ months ___ days
How long in U.S., if of foreign birth? 50 years ___ months ___ days

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Featherinquell
(Address) 1408 - 4th St. S.D.

Filed 5-26 1925 [signature] Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. (Month) 24th (Day) 1925 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19th 1924, to May 24th 1925 that I last saw him alive on May 24th 1925 and that death occurred on the date stated above at 6:25 p.m.

The CAUSE OF DEATH* was as follows:
Chronic myocarditis with decompensation of Heart
90 (Duration) ___ years ___ months ___ days

Contributory: Senility and general arteriosclerosis (Duration) 3 years ___ months ___ days

Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) S. J. McClendon M. D.
5/25 1925 (Address) County Hospital

*State the DISEASE CAUSING DEATH, or death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

PLACE OF BURIAL OR REMOVAL: Odd Fellows Cemetery

DATE OF BURIAL: May 26 1925

UNDERTAKER: Johnson Saum Company

ADDRESS: San Diego, Cal.

EMBALMER'S LICENSE No. 1626

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.

October 14, 2005

G. J. Smith
Gregory J. Smith
Assessor/Recorder/County Clerk

001599917

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need
NON-Res

Date 6-12-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rusty Hanson #230260

in a TS Vault (Type of Burial Container) Funeral, date, time Fri June 16, 06

Church/Chapel, Graveside Arrival 1:30 : McLeod Escondido 11:00 Mortuary

Melissa Mittlehauser

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00 will be applied and billed to undersigned Roxanne Euhus X

Division IOOF Section ____ Blk/Row 45 Lot 12 Grave ____

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container TS Vault	472.00
Handling Fees	350.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	85.00
Sales taxes	36.58
Total Due	$ 4,662.58
Paid receipt number pd by visa	4,662.58
Balance due	0

PAID
JUN 12 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Sister X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. #230261

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

Roxanne Euhus X
Signature

Co-Purchaser
Rick Hanson

X Roxanne Euhus
Print Name

X 17224 San Pasqual Vlly Rd
Address

X Escondido CA. 92027
City Zip Code

X 760-738-8857
Telephone

Invoice # ____

Work Order # E-19773

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Tel # 760 745-2100

Fax 760 745-0713

called mad talk with
Melonie 3:50 6-12-06
confirmed date & time

MT HOPE CEMETERY E19773

GRAVE BLIND CHECK FORM

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

			#13 Addison Jordan			
		Anton Kitzberger	#12 X	#11 Elizabeth Pratt		

Blind Check Initiated By: Sandra Date: 6-13-0

Interment space for: Rusty Hanson

Interment Date: Fri June 16, 06 Time: 11:00 Church

Div: IOOF Sect: ____ Blk/Row: 45 Lot: 12 Gr: ____

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 6-13

E19773

age 39

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RUSTON	BRUCE	HANSON	08/31/1966	06/10/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Angeles	Los ANgeles	Roxanna Ebbs - Sister 17224 San Pasqual Valley Rd. Escondido, CA 92027

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
McLeod Mortuary 1919 E. Valley Pkwy. Escondido, CA 92027	FD299

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶	06/14/2006

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$11.00	6/15/06	▶ Nancy L. Bowers MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. Figueroa St L-1 Los Angeles, CA 90012	San Diego County Vital Records PO Box 85222 - San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6/16/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

AT-need (Res)

City of San Diego

Date 6-13-06

#229966

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn Juanita Lines (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time Sunday June 26th at AYD

Church, Chapel, Graveside Time AYD : Bayview Cremation Mortuary.

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

will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row _____ Lot 250 Grave 3

Grave space & Care Fund ..... E-19587 ..... Ø

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... Ø

Burial Container ..... Ash Vault ..... Ø

Handling Fees ..... wo#4973 ..... ✓ Ø

Flower vases – Marker setting fee ..... pd Trion+ Setting Fee on E-19587 ..... Ø

Recording/Filing/Transfer Fees ..... Ø

Sales taxes ..... Ø

Total Due ..... Ø

Paid receipt number _____ Ø

Balance due Ø

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

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

X
Signature

X see attach
Print Name

X for signature
Address

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E-19774

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Carolyn Hall
Cell # 619 917-5970
Hm# 619 482-1895

E19774

Total Amount DUE
BY Feb 8, 2006

$16.14

EVELYN LINES
1010 W SAN YSIDRO BL
APT SP 7
SAN YSIDRO CA 92173 - 1230

SBC

Billing Date Jan 8, 2006

Account Number **619 428-5461 362 6**
Please include your account number on your check

Make check payable to:

SBC
PAYMENT CENTER
SACRAMENTO, CA 95887-0001

1000 61942854613626 2000000006079 16419000000000049000000001614

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-need
(Res)

Date 6-13-06

#229966

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn Juanita Lines (X)

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

Church, Chapel, Graveside Mortuary

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

will be applied and billed to undersigned. X

Division 12 Section 2 Bk/Row Lot 250 Grave 3

Grave space & Care Fund	E-19587	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		0
Burial Container	Ash Vault	0
Handling Fees		0
Flower vases – Marker setting fee	pd Trium + Setting Fee on E-19587	0
Recording/Filing/Transfer Fees		0
Sales taxes		0
	Total Due	0
	Paid receipt number	
	Balance due	0

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

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

James W. Holt X
Signature

X JAMES W. Holt
Print Name

X 887 DURWARD ST
Address

X CHULA VISTA CA 91910
City Zip Code

X 619 482-1895
Telephone

Invoice #

Work Order # E-19774

Acct. #

MSA-104 (3-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E19774

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Place cremains under headstone to Leave grave open FOR Full body IN Future

Ash Vault

	#1 Leawanda Wilborn	#2 Rosie Williams	#3 X			
			#9 Rosas Jose			

Blind Check Initiated By: Sandra Date: 6-26-06

Interment space for: Evelyn Juanita Lines (A)
Thes

Interment Date: June 27, 06 Time: AM

Div: 12 Sect: 2 Blk/Row: ____ Lot: 250 Gr: 3

Grave Laid out by: Norman & Ken

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 6-26-06

E19774 age 73 4405

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EVELYN	JUANITA	LINES	10/01/1932	06/12/2006	F

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	JAMES HOLT, BROTHER 887 DURWARD ST. CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BAYVIEW CREMATION & BURIAL SERVICE, 815 THIRD AVE #315-B CHULA VISTA, CA 91911	FD1713	▶	06/16/2006

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
	11.00	06/19/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)

CR/BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 6-26-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY COUNTY CREMATORY, 192 COMMERCE DR., PERRIS, CA 92571	12B. DATE CREMATED 6/20/2006	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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

pre-need

City of San Diego

Date 6-13-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James W. Holt

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

Church, Chapel, Graveside _____ ; _____ Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 250 Grave 3

Grave space & Care Fund E-19587	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container Ash Vault	79.00
Handling Fees	85.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	$384.12
Paid receipt number pd on E-19587 $384.12	
Balance due	0

R/O E-19587
E-19774

OK HPC 6/13/06

Family changed from 1 Full body To (Two) cremain Burial with a credit of $326.69

credit of $326.69

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

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

X
Signature

X see attach
Print Name

X for signature
Address

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E-19775

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need

Date 6-13-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James W. Holt

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

Church, Chapel, Graveside Mortuary

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

will be applied and billed to undersigned

Division 12 Section 2 Blk/Row Lot 250 Grave 3

Grave space & Care Fund	E-19587	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		149.00
Burial Container	Ash Vault	79.00
Handling Fees		85.00
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		65.00
Sales taxes		6.12

R/O E-19587 E-19774 OK HPL 6/13/06

Total Due $384.12

Paid receipt number ad on E-19587 $384.12

Family changed from 1 full body to (two) Cremain Burial with a credit of $326.69

Balance due 0

credit of $326.69

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

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

Jim W Holt X
Signature

X JAMES W HOLT
Print Name

X 887 DURWARD ST
Address

X CHULA VISTA CA 91910
City Zip Code

X 619 482-1895
Telephone

Invoice #

Work Order # E-19775

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

(Res) Pre-need

E19775

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Jan. 31, 2006

Date 01-31-06

PIN # 229966

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn Juanita Lines

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

Church, Chapel, Graveside Mortuary

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

will be applied and billed to undersigned

Division 12 Section 2 Blk/Row Lot 250 Grave 3

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container Liner	270.00
Handling Fees	206.00
Flower vases (Trios) - Marker setting fee Vase $65.71 + setting fee $178.00	243.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	$20.93
Total Due	$3,602.64
Paid receipt number P-00094	$3,602.64
Balance due P-00094	Balance 0

NON-REFUNDABLE

Kim F. [illegible] CEMETERY MANAGER 2/2/06

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

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

X Signature

PIN # 229967

c/o Purchaser

James Holt

Work Order # E-19587

X Print Name See attach

X Address for signature

X City Zip Code

X Telephone

Family Changed From Full body Liner To Two Ash Vault Cremains with HA credit

Invoice #

Acct. #

REA-104 (3-04) This information is available in alternative formats upon request.

© Printed on recycled paper

OK MDC 6/13/06

(Credit) $326.69 OF $326.69 ON E-19775 + 19774

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Res. verified At Need

Date 6-13-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angela S. Clay #230258

in a Liner (Type of Burial Container) Funeral, date, time Friday June 16 11:00

Church Chapel, Graveside : Anderson Mortuary, Kevin

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 52 Grave 2

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container Liner	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-59670	3,358.93
Balance due	0

PAID JUN 14 2006 MOUNT HOPE CEMETERY

MORT. 2 Pay

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

#230259

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

x Ramona Bingham
Signature
Elisha Bingham

x Elisha Bingham
Print Name
x 7044 Springford Ave
Address
x San Diego 92114
City Zip Code
x 619-262-5514
Telephone

Paulette

Invoice # _____

Work Order # E-19776

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E19776

GRAVE BLIND CHECK FORM

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

Houpt			X		Bosley	
				Perez		
Jones			Peace			

Blind Check Initiated By: Paulette Date: 6-13

Interment space for: Angela S. Clay

Interment Date: 6-16-06 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 52 Gr: 2

Grave Laid out by: KEN

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: [illegible] Date: ____

E19776

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 39

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANGELA	SEIMONE	CLAY	02/11/1967	06/09/2006 FND	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ELISHA F. BINGHAM, FATHER 7044 SPRINGFORD AVENUE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	06/14/2006

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	06/14/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-16-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — 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.)

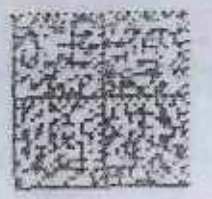
CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E19776

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
M.S. 0557E
P.O. BOX 85222
SAN DIEGO, CA 92186-5222

RETURN SERVICE REQUESTED

FIRST CLASS AUTO



Hasler

$00.317
06/07/2006
Mailed From 92123
US POSTAGE

Date: 6/6/2006

To ANGELA CLAY
7044 SPRINGFORD ST
SAN DIEGO, CA 92114

SSN / Case #:
CMS Representa
Phone: (619)
Location: Coun
Address: 4220

DADPSMA 92114

AT-Need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-13-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adam Brendan Wells #230262

in a Liner (Type of Burial Container) Funeral, date, time Fri June 16, 06 11:00

Church, Chapel, Graveside _____ Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 (REVIN)

will be applied and billed to undersigned. King D. Smith X

Division 12 Section 1 Blk/Row _____ Lot 92 Grave 2

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container Liner	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	$3358.93
Paid receipt number R-59669	3,358.93
Balance due	0

PAID JUN 14 2006 MOUNT HOPE CEMETERY

MORT TO PAY

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

I hereby authorize the interment in lot I hold under deed. #230263

King D. Smith X
Signature

X King D. Smith
Print Name
X 506 Leghorn Ave
Address
X San Diego, CA 92114
City Zip Code
X Cel 619 347 3199
Telephone

Invoice # _____

Work Order # E-19777

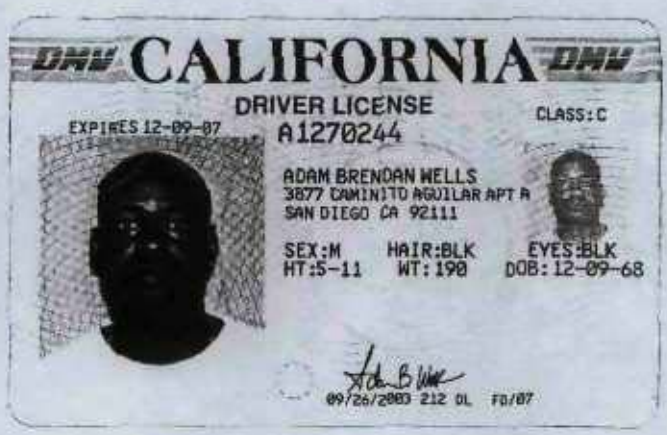
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19777



DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 12-09-07

A1270244

CLASS:C

ADAM BRENDAN WELLS
3877 CAMINITO AGUILAR APT A
SAN DIEGO CA 92111

SEX:M HAIR:BLK EYES:BLK
HT:5-11 WT:190 DOB:12-09-68

09/26/2003 212 OL FB/07

MT HOPE CEMETERY E19777

GRAVE BLIND CHECK FORM

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

LINER

			#2 X	#3	#4 James Geter	
			#7 Macho Sironda			

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

Interment space for: Adam Brendan Wells

Interment Date: Fri June 16, 06 Time: 11:00 Chapel

Div: 12 Sect: 1 Blk/Row: ____ Lot: 92 Gr: 2

Grave Laid out by: KEN & DARREYL

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 6-14-06

E19777

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 37

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ADAM	BRENDAN	WELLS	12/02/1968	06/11/2006 FND	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHERELL WELLS, DAUGHTER 3245 COLLEGE PLACE #10 LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sherell Wells	06/14/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	06/14/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6·16·06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kurt T Wood		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC USE	13A. 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 -	14B. 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 -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE	

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-14-06

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

in a Liner (Type of Burial Container) Funeral, date, time Thurs. June 22 2:00

Church, Chapel, Graveside Mayor Mortuary

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

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row Lot 48 Grave 2

Grave space & Care Fund - E-18783	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup "	—
Burial Container "	—
Handling Fees "	—
Flower vases - Marker setting fee Galvl Setting fee	—
Recording/Filing/Transfer Fees "	—
Sales taxes "	—
Total Due	0
Paid receipt number 58162	—
Balance due	0

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

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

X Signature

X Print Name

X Address

X City Zip Code

X Telephone

fax 619-281-7587

Invoice #

Work Order # E-19778

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need turn at need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-14-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Antwon HOYT & Pin 230265

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row _____ Lot 281 Grave 8

Grave space & Care Fund	426.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	910.12
Paid receipt number R-59671	162.02
Balance due	648.10

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

Pin# 239264

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

X Dawn C. Hoyt
Signature

X Dawn C. Hoyt
Print Name

X 4020 Cherokee Ave #10
Address

X San Diego CA 92104
City Zip Code

X 619-255-0364
Telephone

Pauletta

Work Order # E-19779

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

DISINTERMENT From
Cypress View TO
MT. Hope Cemetery

MT. HOPE CEMETERY

INTERMENT ORDER

AT-Need
witness only
No set up

City of San Diego

Date 6-15-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Calhoun #230272

in a DD crypt "A" (Type of Burial Container) Funeral, date, time Fri June 23, 06 10:00

Church, Chapel, Graveside Family will witness Interment CA Burial 234-3272 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00 will be applied and billed to undersigned X

Division 7 Section 14 Blk/Row ____ Lot 141 Grave 1

Grave space & Care Fund E-18182	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	Ø
Burial Container DD crypt "A"	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number	
Balance due	Ø

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

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

X
Signature

X see attach
Print Name
X for signature
Address
X
City Zip Code
X
Telephone

Invoice # ____

Work Order # E-19780

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Lalia Robertson

Cell # 909 721-4092 wk fax # 213-897-0360

Home # 213 897-6392

PO Box 852
Rialto, Ca. 92377

MT HOPE CEMETERY

E19780

GRAVE BLIND CHECK FORM

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

DD CRYPT "A" 1st Burial

Lincoln Ave

			Alberta Camilla Lewis 141 #1 X	Leola Cooper		

Blind Check Initiated By: Sandra Date: 6-20-06

Interment space for: James Calhoun

Interment Date: Fri June 23, 06 Time: 1:00

Div: 7 Sect: 14 Blk/Row: ____ Lot: 141 Gr: 1

Grave Laid out by: KEN & DANIEL

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 6-21-06

E 19780

age 83

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAMES	-	CALHOUN	06/29/1923	06/10/2000	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	JULIA CALHOUN-WIFE 227 N. PARDEE ST. SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-IMPERIAL AVE. 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	FD-670	▶ Chris Grier	06/16/2006

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	06/16/2006 C GRIER	2604480 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-23-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

DISINTERMENT FROM
Cypress View TO
MT. Hope Cemetery

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need
witness only
No setup

Date 6-15-06

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

of James Calhoun

in a DD Crypt "A" Funeral, date, time Fri June 23, 06 10:00
Type of Burial Container

Church, Chapel, Graveside Family will witness Interment CA Burial Mortuary 234-3272

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00

will be applied and billed to undersigned. X

Division 7 Section 14 Blk/Row ____ Lot 141 Grave 1

Grave space & Care Fund	E-18182	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		0
Burial Container	DD Crypt "A"	0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		0
Sales taxes		0
Total Due		0
Paid receipt number		
Balance due		0

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

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

Signature: [signature]

X Lelia Robertson
Print Name

X c/o 227 N. Pardee (P.O. Box 852 Rialto 92326)
Address

X San Diego 9210
City Zip Code

X (909) 721-4092 (cell)
Telephone

Invoice # ____

Work Order # E-19780

Acct. # ____

REA-184 (3-06)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/16/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rose Matosian Snyder #230296

MDC in a ~~To Vault~~ Bell liner Funeral, date, time Thur, July 13 11:00 A.M.
Type of Burial Container

Church, Chapel, Graveside _____ , Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

Division 3 Section 2 Blk/Row _____ Lot 21 Grave 7

Grave space & Care Fund		2,264
~~Overtime/Late Arrival Fees~~	Canopy	65.00
Opening/Closing & Setup		533.00
Burial Container	Bell Liner	270.00
Handling Fees		206.00
~~Flower vases – Marker setting~~ fee	50 extra chairs	65.00
Recording/Filing/Transfer Fees		65.00
Sales taxes		20.00
	Total Due	3488.93
	Paid receipt number MC #0001-1228	3507.51
	Credit ~~Balance~~ due	$18.58

PAID
JUN 16 2006
MOUNT HOPE CEMETERY

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

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

X _____
Signature

David Lugo

X Print Name

X Address See attached

X City _____ Zip Code

X Telephone _____

Invoice # _____

Work Order # E-19781

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19781 At Need for
Rose M. [redacted] Snyder
Div 3 Sec 2 Lot 21 Gr 7

REF: 0001
BATCH: 122
CD TYPE: VISA
TR TYPE: PR

TOTAL: $3587.51R

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

MT HOPE CEMETERY E19781

GRAVE BLIND CHECK FORM

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

LINER

			X			
		John Wurtz	Joseph Reed			

Blind Check Initiated By: Sandra Date: 7-11-06

Interment space for: Rose Matosian Snyder

Interment Date: Thur July 13, 06 Time: 11:00 A. M(Graveside)

Div: 3 Sect: 2 Blk/Row: ____ Lot: 21 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Gallion Date: 7/11/06

E19781
age 82

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROSE	MATOSIAN	SNYDER	05/08/1924	07/11/2006	F

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	MAXINE SNYDER, DAUGHTER #230297 7280 ROMERO DRIVE LA JOLLA, CA 92037

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person making permit	8B. DATE SIGNED
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE PO BOX 88 SAN DIEGO, CA 92112	FD843	▶ [signature]	07/12/2006

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	07/12/2006	NANCY L BOWEN, MD ▶

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-13-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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.)

E19781

65.00 Canopy
65.00 Chair
$46.42 Canopy

$176.42

7 Lots @ $2,264.00 Each
15,848
+ 176.42

16,024.42

E19781

DAVID -

THESE LADIES STATED YOU PROMISED THEM 30 CHAIRS. DID YOU CHARGE EXTRA? DID YOU MAKE ARRANGEMENTS WITH EMA? I TOLD THEM ORIGINALLY, THAT DEPENDING ON SERVICES THAT DAY I COULD GET THEM MAYBE 30. ALSO, WHO IS PICKING UP, SETTING UP & RETURNING

KEVIN

E19781

E-19781 At Need for
Rose M. ~~xxxxx~~ Snyder
Div 3 Sec 2 Lot 21 Gr 7

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

DATE: 06/16/06 TIME: 11:00:59
MERN: 322156665644 STRN: 4301 TERN: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 122
CD TYPE: VISA
TR TYPE: PR

TOTAL: $3507.51A

ACCT: **********3341 EXP: ****
AP: 479908 AVS: ZIP MATCH
V-CODE MATCH

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

THANK YOU
PLEASE COME AGAIN

X_____

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E19781

MUSEUM OF CONTEMPORARY ART SAN DIEGO

Membership Level: Active
Expiration Date: 5/15/2007

Rose Snyder
7280 Romero Drive
La Jolla, CA 92037

LA JOLLA 700 Prospect St. La Jolla, CA 92037-4291 T 858 454 3541
DOWNTOWN 1001 Kettner Blvd. San Diego, CA T 619 234 1001

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need
IN Grave with
Fred Dale Pyle

Date 6-16-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred D. JR Pyle (4) # 223009

in a Ash Vault (Type of Burial Container) Funeral, date, time Mon. July 17th 9:00 AM

Church, Chapel Graveside : Aztlan Mortuary.

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

will be applied and billed to undersigned. _____

Division 5 Section 4 Blk/Row _____ Lot 84 Grave 1 B

Grave space & Care Fund A-1842 + E-19390	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container Ash Vault	0
Handling Fees	0
Flower vases – Marker setting fee Reset Fee Visa (029446)	0
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

Burial Permit is attached TO INTERMENT order

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

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

Susan Bennett X
Signature

X Susan M Bennett
Print Name

X 422 Harbison Cyn Rd
Address

X El Cajon CA 92019
City Zip Code

X 619 445-0499
Telephone

Invoice # _____

Work Order # E-19782

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E19782

GRAVE BLIND CHECK FORM

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

			Geo Owen			
	PLESCOTT		F.D. PYLE X	ELLA PYLE	FANNIE McNAMA	

Blind Check Initiated By: KEVIN Date: 7-14-06

Interment space for: _____

Interment Date: 7-17-06 Time: 9 AM

Div: _____ Sect: _____ Blk/Row: _____ Lot: _____ Gr: _____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morrison Date: 7-14-06

E19782 96

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

6474-03

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRED	DALE	PYLE JR	12/31/1909	06/01/2006	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SUSAN BENNETT, EXECUTOR 422 HARBISON CANYON RD EL CAJON, CA 92019

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658	▶ [signature]	06/08/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed status 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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
• AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	06/08/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7-7-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CA CREMATORY 601 D CRANE ST.,LAKE ELSINORE, CA 92530	12B. DATE CREMATED 06/10/06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 ▶ [signature]	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE 6-13-06

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.

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

Date 6-19-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ada Van Dorn #225058

in a Liner (Type of Burial Container) Funeral, date, time Friday June 23 2pm

Church, Chapel, Graveside ____ Conrad Donna Mortuary.

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

Division 10 Section ____ Blk/Row ____ Lot 3811 Grave ____

Grave space & Care Fund D-476	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	—
Paid receipt number D-476	0
Balance due	0

Fax 460-8747

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

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

X ____ Signature

X ____ Print Name

X ____ Address

X ____ City Zip Code

X ____ Telephone

See Attached Signature

Invoice # ____

Acct. # ____

Punkette

Work Order # E-19783

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E19783

GRAVE BLIND CHECK FORM

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

		Roynoorn	X	Lare		Jeffries
	Berry	Clark	Crawford	Peace	Henry	Holmstom

Blind Check Initiated By: Paulette Date: 6/19/06

Interment space for: Ada Van Dorn

Interment Date: Friday 23 G.S. Time: 2pm

Div: 10 Sect: ____ Blk/Row: ____ Lot: 3811 Gr: 1

Grave Laid out by: KEN & D.

Agrees with Legal Card: ☑ Yes ☐ No Flag

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 6-20-06

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6-19-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ada Van Dorn

in a Liner (Type of Burial Container) Funeral, date, time FRIDAY-2 p.m.-06/23/2006

Church, Chapel, Graveside AT GRAVESIDE : Conrad Mortuary.

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

will be applied and billed to undersigned.

Division 10 Section ____ Blk/Row ____ Lot 3811 Grave ____

Grave space & Care Fund D-476	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	—
Paid receipt number D-476	0
Balance due	0

Fax 460-8747

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

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

X Jaimiann Mavis
Signature

X JAIMIANN MAVIS
Print Name

X 3669 Van Dyke Avenue
Address

X San Diego, CA 92105
City Zip Code

X 619/641-7907
Telephone

Invoice # ____

Acct. # ____

Paulette
Work Order # E-19783

REA-104 (3-04)

This information is available in alternative formats upon request.

E19783

age102

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ADA	EMILY	VAN DORN	11/08/1903	06/18/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JAIMIANN MAVIS, DPOAHC 3669 VAN DYKE AVENUE SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY LEMON GROVE, CA 91945-1533	FD941	▶ Kris Beaulieu	06/20/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	06/20/2006	NANCY L BOWEN, MD ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET - SAN DIEGO, CA 92102	11B. DATE BURIED 6-23-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Lomax	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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.)

E19783

ADVANCE HEALTH CARE DIRECTIVE
(California Probate Code Section 4701)

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

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

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

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

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

PART 3 of this form **LETS YOU EXPRESS AN INTENTION TO DONATE YOUR BODILY ORGANS** and tissues following your death.

WOLCOTTS FORM 1401 - (price class 2B)
ADVANCE HEALTH CARE DIRECTIVE - rev. 7-00
© 2000 WOLCOTTS FORMS, INC

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

7 67775 31401 4

E19783

CONRAD LEMON GROVE MORTUARY

Funeral Directors License: FD-941
7387 BROADWAY * LEMON GROVE, CALIFORNIA 91945 *619/ 460-4601
OPERATED BY THE CONRAD FAMILY
OUR FAMILY HELPING YOUR FAMILY

OUR FAX NUMBER:
619/460-8747

FAX COVER SHEET

DATE: 06/19/06

TO: Paulette
NAME

Mt. Hope **COMPANY**

FACSIMILE NUMBER

FROM: Donna Conrad

REMARKS:

Graveside Serv. FRI 06/23/06
@ 2p.m.
Thanks

We are sending you 6 **pages, including the cover sheet. Please contact us if the documents are incomplete or not legible.**

E19783

PART 4 of this form **LETS YOU DESIGNATE A PHYSICIAN** to have primary responsibility for your health care.

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

You have the right to revoke this ADVANCE HEALTH CARE DIRECTIVE or replace this form at any time.

PART I
POWER OF ATTORNEY FOR HEALTH CARE

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

Name of individual you choose as agent: Jaumann Mavis

Address 3669 Van Dyke Ave City, State, Zip San Diego Ca 92105

Home Phone (619-641-1907 Work Phone _____

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

Name of first alternate agent: _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

Name of second alternate agent: _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____

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

_____

_____

_____

_____

_____ (Add additional sheets if needed.)

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

E-19783

(5.2) SIGNATURE: Sign and date the form here:

Date: 22 May 06 Sign your name: Ada E. Van Dorn

Print your name Ada E. Van Dorn

Address: 3667 Van Dyke Ave San Diego Ca 92105

(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, not an employee of an operator of a residential care facility for the elderly.

N/A	N/A
First Witness (print name)	*Second Witness (print name)*
Address	*Address*
City, State, Zip	*City, State, Zip*
Signature of First Witness	*Signature of Second Witness*
Date	*Date*

(5.4) ADDITIONAL STATEMENT OF WITNESSES. At least one of the above witnesses must also sign the following declaration:

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

N/A
Signature of Witness

E19783

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of SAN DIEGO } ss.

On 5/22/2006 (Date) before me, DORIS KUGLER, NOTARY PUBLIC (Name and Title of Officer (e.g., "Jane Doe, Notary Public")) personally appeared ADA E. VAN DORN (Name(s) of Signer(s))

☐ personally known to me

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

DORIS KUGLER
COMM. #1485471
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Comm. Expires May 21, 2008
BCT 6

WITNESS my hand and official seal.

Place Notary Seal Above

Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: ADVANCE HEALTHCARE DIRECTIVE POA FOR HEALTHCARE

Document Date: 5/22/06 Number of Pages: 6 + NOTARY ACK

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:	Signer's Name:
☐ Individual	☐ Individual
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact	☐ Attorney in Fact
☐ Trustee	☐ Trustee
☐ Guardian or Conservator	☐ Guardian or Conservator
☐ Other:	☐ Other:
Signer Is Representing:	Signer Is Representing:
RIGHT THUMBPRINT OF SIGNER Top of thumb here	RIGHT THUMBPRINT OF SIGNER Top of thumb here

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

MT. HOPE CEMETERY

INTERMENT ORDER

AT-Need

City of San Diego

DIP / In Grave with Iona

Date 6-19-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie T Wilson JR. #230268

in a Liner (Type of Burial Container) Funeral, date, time Thurs June 22, 06 1:00

Church, Chapel, Graveside _____ ; Ragsdale Kevin Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. X

Division 11 Section 1 Blk/Row _____ Lot 22 Grave 10

Grave space & Care Fund	D-5999 (1975)	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		0
Burial Container	Liner	0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		0
Sales taxes		0
Total Due		0
Paid receipt number		
Balance due		0

Per mort. & Family would like love one in grave 10

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

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

X

Signature

X see attach

Print Name

X for signature

Address

X

City Zip Code

X

Telephone

Invoice # _____

Work Order # E-19784

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need
DIP / IN Grave
with Iona

Date 6-19-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie T Wilson JR.

in a Liner (Type of Burial Container) Funeral, date, time Thurs June 22, 06 1:0

Church / Chapel, Graveside : Ragsdale Kevin Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.0

will be applied and billed to undersigned. X

Division 11 Section 1 Blk/Row Lot 22 Grave 10

Grave space & Care Fund	D-5999 (1975)	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		0
Burial Container	Liner	0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		0
Sales taxes		0
Total Due		0
Paid receipt number		
Balance due		0

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

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

Mary E. Richardson X
Signature

X Mary E. Richardson
Print Name

X 740 S. 36th #213
Address

X San Diego, CA 92113
City Zip Code

X 239-2068
Telephone

Invoice #

Acct #

Work Order # E-19784

This information is available in alternative formats upon request.

REA-104 (3-04)

© Printed on recycled paper

E19784

MT HOPE CEMETERY

Liner

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 1 2nd Burial

LINER

		#3 christopher clay Poole	#4			
			#10 X	#11 miles michaels	#12 Jessie michaels	

Blind Check Initiated By: Sandra Date: 6-20-06

Interment space for: Thur June 22, 06 - Willie Wilson

Interment Date: Thur June 22, 06 Time: 1:00 Church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 22 Gr: 10

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morrison Date: 6-20-06

E19784

age 94

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ILLIE	THOMAS	WILSON JR	07/06/1911	06/19/2006 FND	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARY E. RICHARDSON, SISTER 740 S. 36TH STREET #213 SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	[signature]	06/20/2006

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	06/21/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-22-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

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

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

Donation of 2 Lots

Date 6-20-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of from Thomas C. Dandridge to Mt. Hope Cemetery Pin 229833

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division IOOF Section _____ Blk/Row 41 Lot _____ Grave 1 & 2

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 N/A	—
R-59674 Balance due	0

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

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

Signature

Print Name

Address

City Zip Code

Telephone

See attached for signatures and transfer & Quit claim

Invoice # _____

Work Order # E-19785

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19785

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE Donation 5961
MOUNT HOPE CEMETERY
(619) 527-3400

Date: June 19th, 20 06

From: Thomas C. Dondridge Address: 3236 Riverwoods Dr.

Donation of two gravesites to Mt. Hope Cemetery Dollars ($ 3,011 each =) $6,022

in _____ Payment of _____

Div IOOF Sec — Blk/Row 41 Lot 8 Grave s 1 & 2

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

☐ Money Order
☐ Charge
☐ Check

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

DONATED

ISSUED BY [signature]
6/19/06 Cemetery Manager

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	3,011 (x2)	
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101		
	78390		
TOTAL ~~PAID~~		$ 6,011	cr

Donated

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

E19785

THE CITY OF SAN DIEGO

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

Date: April 14, 2006

I/~~We~~ THOMAS C DANDRIDGE

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO MT HOPE CEMETERY / M. DAVID LUGO
Street Address: 3751 MARKET ST. Apt / Unit #:
City: San Diego ST: CA Zip-Code: 92102-4527
Telephone #: (619)

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: IOOF Section: Blk / Row: 41
Lot(s): 8 Grave(s): 1 & 2

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 14 day April 2006

EXECUTED IN THE PRESENNCE OF
THE FOLLOWING WITNESS:

Denise Otte
WITNESS

Thomas C Dandridge
Legal Owner / Reprehensive Signature

Lynne Bozek
WITNESS

Legal Owner / Reprehensive Signature

David Lugo
CEMETERY REPREHENSIVE NAME

Cemetery Reprehensive Signature

DIVERSITY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 6-21-06

#230286

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby Boy Montoya Mon. July 3, 9:00 ~~2:00pm~~

in a Bx (Type of Burial Container) Funeral, date, time ~~June 30th Friday~~

Church, Chapel, Graveside St. Jude ~~St. Jude~~ Humphrey 425-9111 Mortuary Jeff

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

Division 9 Section 1 Blk/Row _____ Lot 2212 Grave 1

Grave space & Care Fund	142.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	178.-
Burial Container	99.-
Handling Fees	36.-
Flower vases – Marker setting fee N/A	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	767
Total Due	527.67
Paid receipt number R-59690	527.67
Balance due	Ø

PAID

JUL - 3 2006

MOUNT HOPE CEMETERY

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

#230287

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

X Connie Montoya
Signature

X Connie Montoya
Print Name

X 6818 Doriana ST
Address

X Sandiego 92139
City Zip Code

X 619 804-1268
Telephone

Paulette

Work Order # E-19786

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

– over –

6-21-06

Per Grand mother: Connie Montoya @ 619-434-4425
Please, or) cell 619-804-1268

fax interment to: social worker
Gillican Reynolds @ 626-859-3748
office 626-938-1796

619) 425-6055

MT HOPE CEMETERY E-19786

GRAVE BLIND CHECK FORM

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

			X			

Blind Check Initiated By: Paulette Date: 6/27

Interment space for: Baby Boy Montoya

Interment Date: June 30th Friday Time: 2:00 graveside

Div: 9 Sect: 1 Blk/Row: ____ Lot: 2212 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag

Blind Check & Verified By: ____ Date: ____

E-19786

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
-	-	MONTOYA	06/18/2006	06/18/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BRITTANY LOUISE MONTOYA(MOTHER) P.O. BOX 13702 LOS ANGELES, CA 90013

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking custody	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY CHULA VISTA, CA 91910	FD-964	▶	06/03/2006

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	7/13/2006	26094555 SANDRA PENA ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-3-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

E-19786

MT. HOPE CEMETERY
CITY OF SAN DIEGO (RESIDENT)

PLEASE RETURN AS SOON AS POSSIBLE

TO: Jeff

FROM: Mt. Hope Cemetery (Paulette)

MORTUARY: Humphrey

DATE: 6-21-06

FAX NUMBER: (619) 425-6055

DECEASED NAME: M: (infant) of grandparent Connie Montoya 619-434-4425 Cell 804-1268

PHONE NUMBER:

X Signature of Mortuary Approval :

Infant & Child Liner Request Form- Resident

In order to ensure that proper burial arrangements are made please fill out the following information and fax to Mt. Hope Cemetery immediately. Our fax number is (619) 527-3403.

Please circle the measurement that is the same or slightly *larger* than the burial container your mortuary will be using. Do not check a measurement that has a width, length, or height that is *smaller* than the burial container being used. Thank you for your cooperation.

Width	Length	Height		Width	Length	Height
14"	30"	13" ooa		18"	48"	16" o-a
16"	32"	16" bx		22"	51"	20" ox
18"	36"	16" o		20"	58"	22" #2
Above Measurements for Infant Div. 9 Sect. 1			Infant Ash in Div 9 Sec 1	Above Measurements for Children Div. 9 Sect. 2 & 3		
Total Cost: $527.67			Total Cost: $477.12	Total Cost: $835.46		

3751 MARKET STREET
SAN DIEGO, CA 92102
619-527-3400
FAX 619-527-3403

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

INTIGENT BURIAL
AT NEED

6A3378300

Date 6-21-06

Pig# 280273

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Griffin P.A. # 20061643

in a DD CRYPT "B" (Type of Burial Container) Funeral, date, time WEDS June 28 11:00

Church, Chapel, Graveside Delivery Only : AZTLAN Leach Mortuary 337-8100

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

will be applied and billed to undersigned. _____

Division 13 Section — Blk/Row — Lot 20 Grave 3B

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	$776.23
Paid receipt number Visa	776.23
Balance due	∅

PAID
JUN 27 2006
MOUNT HOPE CEMETERY

fax 858-694-3987
P.A. ELLEN BEAUPARLANT

AP# 086525

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

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

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Paulette

Invoice # _____

Work Order # E-19787

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

858-694-3987 - Gregory Ojeda

E19787

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Robert	--	Griffin	02/10/1956	05/09/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Under Investigation, M.E. Office · 5555 Overland Avenue San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person filing permit	8B. DATE SIGNED
Funeraria Aztlan Mortuary/Sam Ruel 7856 La Mesa Blvd, La Mesa, CA 91941	FD-1658	▶ [signature]	06/21/2006

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	Leah A. Mata 06/21/2006	▶ 2004512

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

E-19781
age 50

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Fnd

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Robert	--	Griffin	02/10/1956	05/09/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Under Investigation, M.E. Office 5555 Overland Avenue San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
Funeraria Aztlan Mortuary Svc 7856 La Mesa Blvd., La Mesa, CA 91941	FD-1658	▶ [signature]	06/21/2006

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103085 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: Leah A. Mata 06/21/2006

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ 2604512

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: PO Box 85222, San Diego, CA 92186-5222

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6-28-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	*13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS*	*13B. DATE RECEIVED*	*13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY* ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER *THAN IN A CEMETERY*	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

6/27/06
Gregory Geda

called w/ credit card number,

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

DATE: 06/27/06 TIME: 08:26:31
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 12B
CD TYPE: VISA
TR TYPE: MP

TOTAL: $776.23M

ACCT: **********0301 EXP: ****
AP: 086525
CUST CD: TAX: 0.00

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

THANK YOU
PLEASE COME AGAIN

x Phone / fax + mail
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

interment of Robert Griffen P.A. 20061643

Div. 3 Lot 20 Gr 3B

E-19787

E19787

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 6-21-06
To: Ellen Beaupalant
Telephone #: 858-694-3502
Fax #:
Subject: Re: Robert Griffin
PA. # 20066643

From: Paulette
Telephone #: (619) 527-3400
Fax #: (619) 527-3403
Pages (including this cover sheet):

COMMENTS: Ellen, Please sign interment order, and fax back to Mt. Hope Cemetery at 619) 527-3403. Please mail a check or call with a credit card for payment of $776.23.
Thanks Paulette

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4327
Tel (619) 527-3400 • Fax (619) 527-3403

E19787

MESSAGE CONFIRMATION

06/23/2006 13:28
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
06/23	00'35"	94256055	CALLING	01	OK	0000

NO.255 P01

06/23/2006 13:27 SD MT. HOPE CEMENTERY → 94256055

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 6-21-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby Boy Montoya

in a BX (Type of Burial Container) Funeral, date, time June 30th Friday

Church, Chapel, Graveside Humphrey Mortuary

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

will be applied and billed to undersigned Connie Mott X

Division 9 Section 1 Blk/Row ____ Lot 2212 Grave 1

Grave space & Care Fund	142.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.—
Burial Container	99.—
Handling Fees	36.—
Flower vases – Marker setting fee N/A	—
Recording/Filing/Transfer Fees	65.—
Sales taxes	7.67
Total Due	527.67

Paid receipt number ____

Balance due —

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

INTIGENT BURIAL
AT NEED

Date 6-21-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Griffin P.A. # 20061643

in a DD CRYPT "B" (Type of Burial Casing) Funeral, date, time

Church, Chapel, Gravesside AZTLAN Leah Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 337-8.00

will be applied and billed to undersigned

Division 13 Section — Blk/Row — Lot 20 Grave 3 B

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	$776.23

Paid receipt number

Balance due

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

APPROVED FOR PYMT
BY AB DATE 6/23/06

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

X Ellen Bohan
Signature

X Ellen Bohan
Date Name
X 3201-A Ruffin Rd.
Address
X San Diego CA 92123
City State Zip Code
X (858) 694-3500
Telephone

Paulette

Invoice #

Work Order # E-19787

Acct. #

This information is available in alternative formats upon request

Low Income ✓

OK MAD 6/21/06

AT-Need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PATricia Ann Greer #230276

in a Liner (Type of Burial Container) Funeral, date, time Weds June 28, 06 11:00

(Church) Chapel, Graveside : CA Burial Mortuary Clandette 229-2747

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ #213.00 will be applied and billed to undersigned. Kisha Campbell

Division 11 Section 2 Blk/Row PAID Lot 15 Grave 2

Grave space & Care Fund	$1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container Liner	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.46
Total Due	$1,679.46
Paid receipt number R-59681	1,679.46
Balance due	0

JUN 26 2006

MOUNT HOPE CEMETERY

mort To pay

I hereby certify I am the Daughter x of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. #230277

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

Kisha Campbell x
Signature

x Kisha Campbell
Print Name

x 6759 Mezin Wy
Address

x San Diego 92114
City Zip Code

x 619 266 3093
Telephone

Invoice # _____

Work Order # E-19788

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-19788

GRAVE BLIND CHECK FORM

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

LINER

			#2 X			
		#7 Cletis Charles	#8			

Blind Check Initiated By: Sandra Date: 6-26-06

Interment space for: Patricia Ann Greer

Interment Date: Weds June 28, 06 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 15 Gr: 2

Grave Laid out by: KEN

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARLENE Date: 6-26-06

E 19788

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: July 1, 2005
Claim Number: 450-72-2883HA

PATRICIA A GREER
252 EUCLID AVE APT S
SAN DIEGO CA 92114-3635

We are changing the day we make your monthly payments. We are making this change because the information we use to decide the payment date on this claim has changed.

We must make payment on the third of the month to everyone entitled on a Social Security record whenever anyone on that record:

- receives Supplemental Security Income (SSI) payments, or railroad retirement payments, or
- has income and/or resources considered when we determine whether an SSI claimant is eligible for benefits, or
- moves outside the U.S., or
- has Medicare premiums paid by the state, or
- has payments garnished.

What We Will Pay And When

- You will receive $707.00 for June 2005 around July 1, 2005.
- After that you will receive $707.00 on or about the third of each month.

C

See Next Page

SOCIAL SECURITY
2530 E PLAZA BLVD
NATIONAL CITY CA 91950

E 19788

Social Security Administration
Supplemental Security Income
Notice of Planned Action

Date: November 27, 2005
Claim Number: 450-72-2883 DI

435 B007,M1E,002,000186 000000186 01 AT 0.292

PATRICIA ANN GREER
252 EUCLID AVE APT S
SAN DIEGO CA 92114-3635

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, 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.

Information About Your Payments

- The amount due you beginning January 2006 will be $96.00. This amount includes $96.00 from the State of California.
- Even though the law provides for an increase in Supplemental Security Income payments beginning January 2006 your payment will be lowered. This is because there will be an increase in the amount of Social Security benefits in January 2006 which we must count in figuring your Supplemental Security Income payment.
- Your SSI will be lowered even more because the State of California has told us to reduce the amount of money it pays its residents beginning January 1, 2006. Since your SSI consists of money from California, your SSI payment will also be lowered for this reason beginning January 1, 2006.

Your Payment Is Based On These Facts

Our records show your total monthly income which was used to figure your Supplemental Security Income payment for January 2006 is $736.00. This is based on the following income:

See Next Page

E-19788

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: June 17, 2005
Claim Number: 450-72-2883HA

PATRICIA A GREER
252 EUCLID AVE APT S
SAN DIEGO CA 92114-3635

We do not reduce monthly Social Security benefits once your public disability payments stop. We changed your monthly benefit to the full rate of $707.60 beginning June 2005.

What We Will Pay And When

- You will receive $707.00 for June 2005 around July 13, 2005.
- After that you will receive $707.00 on or about the second Wednesday of each month.

If You Disagree With The Decision

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

- 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.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration". Contact one of our offices if you want help.

E19788

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 Deceased: Patricia Ann Greer

Address: 6759 Mezin Way

City: San Diego State CA Zip Code 92114

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

Annual Income		Annual Income
(1) $13,980	(4)	$38,810
(2) $22,900	(5)	$45,800
(3) $31,440	(6)	$53,560

For larger families, add $7,760 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.

Trisha Campbell - Daughter 6-12-06

Signed/ Relationship Date

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 tax statement Other _____

Maria G. Dovausky 6/21/06

Approved by Date

Current _____ documents verified on:
Approved By _____
Date _____

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

DIVERSITY

E-19788
page 59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PATRICIA	ANN	GREER	10/03/1946	06/18/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KISHA CAMPBELL, DAUGHTER 6759 MEZIN WAY SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPE, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	[signature]	6/27/06

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	06/20/2006	NANCY L BOWEN, MD

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY,3751 MARKET ST.,SAN DIEGO, CA 92102	11B. DATE BURIED 6-28-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS 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		
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 DISPOSER – IF APPLICABLE	

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

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.)

Prices honored for 2002
per Maria Dovensky

OK by MFD 6/21/06

2nd Burial
Pre-Need
PAID IN Full

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia Calhoun #229444

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 14 Blk/Row _____ Lot 94 Grave 2

Grave space & Care Fund	E-17342	0
Overtime/Late Arrival Fees		0
Opening/Closing & Setup		$ 375.00
Burial Container	DD Crypt "B"	0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		$45.00
Sales taxes		0
Total Due		$420.00
Paid receipt number	P-00354	$420.00
Balance due		0

PAID
JUN 21 2006
MOUNT HOPE CE...

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

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

Julia Calhoun X
Signature

X Julia Calhoun
Print Name

X 227 No. Pardee St
Address

X San Diego Ca. 92102
City Zip Code

X 619) 239-6775
Telephone

Invoice # _____

Work Order # E-19789

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pin # 229444 Phone # (213) 897-6392 E-19789 E-17342

Calhoun, Julia S. 227 N. Pardee St. San Diego, Ca. 92102

DIV 7 SECTION 14 LOT 94 GRAVE 2

		debit	Credit	Balance
09-25-02	Opened Pre-Need Trust Account with 25%			$1,569.45
	down for DD Crypt on 1st & 2nd Burial		$392.36	$1,177.09
11-21-02	R-55642 Payment Coupon # 1		$98.00	$1,079.09
01-02-03	R-55774 Pd in full for trust on 1st Burial only		$659.09	$420.00
	Family will be using 1st Burial on E-17529			
	Family still owes a balance on 2nd Burial			
	of $420.00			
	O/C on 2nd Burial is $375.00	2002 Prices are Still owes $420.00		
	R/F on 2nd Burial is $45.00			
	Family needs to continue on payments of 2nd Burial			
6-21-05	P-00354 pd IN Full FOR 2nd Burial		$420.00	0
	Balance 0 E-19789			

PAID
JUN 21 2006
MOUNT HOPE CEMETERY

JUN 2 2006
MOUNT

E19789

OFFICIAL RECEIPT

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

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

P 00354

Date: 6-21-06, 20 06

From: Julia Calhoun Address: 227 N. Pardee ST S.D. CA. 92102

Four hundred & twenty dollars 00/100 Dollars ($ 420.00)

In Full Payment of Pre-Need FOR 2nd Burial

Div 7 Sec 14 Blk/Row Lot 94 Grave 2

Invoice No. E-17342

Acct. No.

W.O.

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

#2777 ☑ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

JUN 21 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	420	00
Trust	77186		
TOTAL PAID		$ 420	00

JULIA S. CALHOUN
227 N PARDEE STREET
SAN DIEGO, CA 92102

90-4257/1222
0898236963

2777

DATE 6/21/06

PAY TO THE ORDER OF Mt Hope Cemetery $ 420.00

Four Hundred Twenty 00/100 DOLLARS

NEIGHBORHOOD NATIONAL BANK 619-239-3360 3511 NATIONAL AVENUE SAN DIEGO, CA 92113-3113

MEMO Cemetery plot

Julia Calhoun

8 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/22/06

#230271

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosebud Lazaro Mendiola (child) (Monday)

in a _____ (Type of Burial Container) Funeral, date, time 6/26/06 9:00 (C)

Church, Chapel, Graveside Church : El Camino 264-0089 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213 will be applied and billed to undersigned. Rogelio Lazaro P.

Division 9 Section 1 Blk/Row _____ Lot 3859 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container	99
Handling Fees	36
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-59675	527.67
Balance due	-0-

PAID JUN 22 2006 MOUNT HOPE CEMETERY

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

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

Rogelio Lazaro P.
Signature

Rogelio Lazaro Peña
Print Name
3660 B St. Apt 27
Address
San Diego CA. 92102
City Zip Code
(619) 232-3247
Telephone

Invoice # _____

Work Order # E-19790

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19790

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Paulette Date: 6-23

Interment space for: Roscoud L. Mendiola (~~infant~~) child

Interment Date: 6-26-06 Time: 900 church

Div: 9 Sect: 1 Blk/Row: ____ Lot: 3859 Gr: 1

Grave Laid out by: KEN & DAVE

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARREN Date: 6-23-06

E-19790
1yr 6mths

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROSEBUD	LAZARO	MENDIOLA	12/21/2004	06/21/2006	F

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROGELIO LAZARO, FATHER 3060 B ST. #27 SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-IMPERIAL AVE., 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	FD-670	▶ Carla Hrin	06/23/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	06/23/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-26-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Noriega	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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.)

MOCK set-up

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/22/06

TEN CHAIRS

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for ADAM B. WELLS

in a _____ (Type of Burial Container) Funeral, date, time SAT. JUNE 24th 12:00

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 92 Grave 5

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 .....

MOCK-SET UP

PAID

JUN 22 2006

MOUNT HOPE CEMETERY

Total Due 213.—

Paid receipt number R-59676 213.—

Balance due 0

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

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

X _____ Signature

X NORMA LOPEZ Print Name

X 3877 CMTO AGUILAR #A Address

X S.D. CA 92111 City Zip Code

X 858-650-3454 Telephone

Invoice # _____

Work Order # E-19791

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

At. Need
Res. fee

City of San Diego

Date 6-23-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BETHEL C. ELMORE #207767

in a Top Seal Vault (Type of Burial Container) Funeral, date, time June 30th Friday 1:00

Church, Chapel, Graveside _____ : Anderson-Ragsdale Mortuary Kevin

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 41 Grave 2

Grave space & Care Fund E-1082	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	355.-
Handling Fees	263.-
Flower vases – Marker setting fee N/A	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	1,243.51
Paid receipt number R59680	1,243.51
Balance due	0

PAID JUN 23 2006 MT. HOPE CEMETERY

MORT TO PAY

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

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

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Paulette

Work Order # E-19792

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19792

GRAVE BLIND CHECK FORM

Top Seal Vault

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

			Hammond			
		Paul Elmore	X		Perry	
	Cowan	Pufundt	Pufundt	Harrison		

Blind Check Initiated By: Paulette Date: 6/26

Interment space for: Bethel C. Elmore

Interment Date: June 30 Time: Friday

Div: 12 Sect: 2 Blk/Row: ____ Lot: 41 Gr: 2

Grave Laid out by: Norman & Darrell

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: ____

F100

E-19792

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 86

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BETHEL	CUBE	ELMORE	11/22/1919	06/21/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LU WANDA JONES, SISTER 1621 ARLINGTON AVENUE LOS ANGELES, CA 90019

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person using permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Lisa Campbell	06/23/2006

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		11.00	06/23/2006	NANCY L BOWEN, MD

AUTHORIZATION OF LOCAL REGISTRAR

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-30-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. [illegible]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS 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		
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 DISPOSER – IF APPLICABLE	

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

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 6-23-06

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

in a Top Seal Vault (Type of Burial Container) Funeral, date, time June 30th Friday 7

Church, Chapel, Graveside _____ Anderson-Ragsdale Mortuary, Kevin

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 41 Grave 2

Grave space & Care Fund	E-1082	0
Overtime Late Arrival Fees		—
Opening/Closing & Setup		533.-
Burial Container		355.-
Handling Fees		263.-
Flower vases – Marker setting fee	N/A	—
Recording/Filing/Transfer Fees		65.-
Sales taxes		27.51
Total Due		1,243.51
Paid receipt number		
Balance due		

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

I hereby authorize the interment in lot hold under deed

X Luwanda Jones
Signature

X Luwanda Jones
Print Name

X 1621 Arlington Avenue
Address

X Los Angeles, CA 90019
City Zip Code

X (323)734-0359
Telephone

Paulette

Invoice # _____

Work Order # E-19792

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Mortuary to pay
Elain Campbell
6/23/2006

E-19792

CALIFORNIA

DRIVER LICENSE

CLASS C

EXPIRES 11-22-08

A0570777

BETHEL C ELMORE
295 68TH ST
SAN DIEGO CA 92114

SEX:F HAIR:BLK
HT:5-07 WT:165 DOB:11-22-19

02/04/2004 669 23 FD/08

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 6-23-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnny Bell Gray #230279

in a DD CRYPT "A" (Type of Burial Container) Funeral, date, time June 30th friday 11AM

Church, Chapel, Graveside June 30 11:00AM Anderson Kevin Mortuary

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

will be applied and billed to undersigned.

Division 12 Section 3 Blk/Row ____ Lot 85 Grave 9

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 O/C @ 533.00	1066.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee N/A	—
Recording/Filing/Transfer Fees 2 R/F @ 65.00	130.-
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number R-59679	4494.77
Balance due	Ø

PAID JUN 23 2006 MOUNT HOPE CEMETERY

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

#230280

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

X Signature

X Print Name

X Address

X City Zip Code

X Telephone

See Attached

Invoice #

Acct. #

Work Order # E-19793

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

NO. 257

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6-23-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnny Bell Gray

In a DD CRYPT "A" (Type of Burial Container) Funeral, date, time June 30th friday 11AM

Church, Chapel, Graveside June 30 11:00AM Anderson Kevin Mortuary

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

will be applied and billed to undersigned.

Division 12 Section 3 Blk/Row ____ Lot 85 Grave 9

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 O/C @ 533.00	1066.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees 2 Rlf @ 65.00	130.-
Sales taxes	41.77
	4494.77
Paid receipt number 15-59679	449477
Balance due	Ø

PAID JUN 23 2006 MOUNT HOPE CEMETERY

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

I hereby authorize the interment in lot I hold under deed

X Dorothy Gray
Signature

X Dorothy Gray #230280
Print Name

X 7767 Bloomfield Rd
Address

X San Diego, CA 92114
City Zip Code

X 619-479-6363
Telephone

Invoice #

Work Order # E-19793

Acct. #

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-19793

GRAVE BLIND CHECK FORM

D.D. CRYPT "A"

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

			Grady			
		Trel	x 9	Kriebs 10	11	Rodriga 12
		Spencer	Jones			

Blind Check Initiated By: Paulette Date: 6/26/0

Interment space for: Johnny B. Gray

Interment Date: June 30th Time: 11:00 Chur

Div: 12 Sect: 3 Blk/Row: ____ Lot: 85 Gr: 9

Grave Laid out by: Norman Daneyl

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: _____ Date: _____

E+19793
age 76

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHNNY	BELL	GRAY	04/12/1930	06/23/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DOROTHY GRAY, WIFE 7767 BLOOMFIELD ROAD SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Stan Rhodes	06/23/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	06/28/2006	NANCY L BOWEN, MD

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-30-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kent J Wood	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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 -	14B. 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 -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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

pre-need trust

Date 6-23-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mary Gloria Ciaramitaro Pin 230270

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 67 Grave 4

Grave space & Care Fund D-5924	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	178.-
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	562.12
Paid receipt number M/C AP 183247	112.42
Balance due	449.70

PAID
JUL 7 2008
MOUNT HOPE CEMETERY

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

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

Signature: Mike Ciaramitaro

Pin 230269

Print Name: Mike Ciaramitaro

Address: 6345 Chandler Dr.

City: Sandiego CA Zip Code: 92117

Telephone: 858-571-7713

Invoice # _____

Work Order # E-19794

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pin: | Monthly Payments: $18.74 | E- 19794

Name	Address	Zip Code	Amount
CIARAMITARO, MARY GLORIA	6345 CHANDLER DR	92117	$ 562.12

DIVISION	11	SECTION	1	LOT	67	GRAVE	4

Date	Opened Pre-Need Trust, Trust include: Ash vault, O/C, H/F, R/F & Marker Inst.		Payment	PN TRUST 63033
				$562.12
6/23/2006	Downpayment	DCR 19090	$112.42	$112.42
				$449.70
7/19/2006	Coupon #1	P-00401	$18.74	$18.74
				$430.96
8/29/2006	Coupon #2	P-00461	$18.74	$18.74
				$412.22
9/18/2006	Coupon #3	P-00497	$18.74	$18.74
				$393.48
10/19/2006	Coupon #4	P-00544	$18.74	$18.74
				$374.74
11/20/2006	Coupon #5	P-0583	$18.74	$18.74
				$356.00
12/18/2006	Coupon #6	P-00628	$18.74	$18.74
				$337.26
1/23/2007	Coupon #7	P-00666	$18.74	$18.74
				$318.52
2/20/2007	Coupon #8	P-00709	$18.74	$18.74
				$299.78
3/19/2007	Coupon #9	P-00756	$18.74	$18.74
				$281.04
4/17/2007	Coupon #10	P-00796	$18.74	$18.74
				$262.30
5/16/2007	Coupon #11	P-00829	$18.74	$18.74
				$243.56
6/19/2007	Coupon #12	P-00870	$18.74	$18.74
				$224.82
7/19/2007	Coupon #13	P-00906	$18.74	$18.74
				$206.08
8/20/2007	Coupon #14	P-00939	$18.74	$18.74
				$187.34
9/20/2007	Coupon #15	P-00981	$18.74	$18.74
				$168.60
10/18/2007	Coupon #16	P-01014	$18.74	$18.74
				$149.86
11/20/2007	Coupon #17	P-01047	$18.74	$18.74
				$131.12
12/19/2007	Coupon #18	P-01077	$18.74	$18.74
				$112.38
1/17/2008	Coupon #19	P-01109	$18.74	$18.74
				$93.64
2/19/2008	Coupon #20	P-01137	$18.74	$18.74
				$74.90
3/19/2008	Coupon #21	P-01178	$18.74	$18.74
				$56.16
4/17/2008	Coupon #22	P-01211	$18.74	$18.74
				$37.42
5/21/2008	Coupon #23	P-01247	$18.74	$18.74
				$18.68
7-Jul	Coupon #24	P-01298	$18.68	$18.68
				$0.00

E-19794

WITNESS our hands this day and year above written.

TOTAL $ 562.12

DOWNPAYMENT $ 112.42

23 MONTHS $ 18.74

FINAL
24TH MONTH $ 18.68

TWO YEAR CONTRACT

I agree to pay the required monthly

Payments of $ 18.74 for 23 months.

Final payment to be $ 18.68 on

The 24th month.

First monthly payment to begin on:

MONTH July

YEAR 2006

Purchaser's Signature Hilda L. Ciaramitaro

PURCHASER PHONE 858-571-7713

Hilda Ciaramitaro
Print Name

Hilda L. Ciaramitaro
Signature

6345 Chandler Dr.
Street Address (Mail)

San Diego CA 92117
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery
3751 Market Street
San Diego CA 92101

By: Paulette Cranford

PC:pc
April 3, 2006

E-19794

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

This Agreement entered into this 23 day of June, 2006, Between Mike + Hilda Ciaramitaro, 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: Division 11, Section 1, Block/Row —, Lot 67, Grave 4, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $ 562.12 payable as follows: $ 112.42 cash herewith, the receipt of which is hereby acknowledged; $ 18.74 on the 15th day of July, 2006 And the balance in installments of $ 18.68 or more, payable at the office of Mt. Hope Cemetery, on the 15th 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.

This Agreement describes exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which thereafter 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.

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 Purchase, 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

Pre-need
LOTS ONLY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-26-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnie Mae Crosby # 229626

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

Church, Chapel, Graveside _____ : _____ Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 157 Grave 6 & 11

Grave space & Care Fund	2 @ $2,264.00	$4,528.00
Overtime/Late Arrival Fees		—
Opening/Closing & Setup		—
Burial Container		—
Handling Fees		—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees		—
Sales taxes		—
Total Due		$4,528.00
Paid receipt number	P-00357	$4,528.00
Balance due		0

PAID
JUN 26 2006
MOUNT HOPE CEMETERY

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

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

Johnie Crosby X
Signature

Deeds mailed
6-16-06

X Johnie Crosby
Print Name

X 8421 NOELINE PL
Address

X SAN DIEGO CA 92114
City Zip Code

X 619 267-8869
Telephone

Invoice # _____

Work Order # E-19795

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-19795

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 02-19-09

N2242537

CLASS: C

JOHNIE MAE CROSBY
8421 NOELINE PL
SAN DIEGO CA 92114

SEX: F HAIR: BLK EYES: BRN
HT: 5-04 WT: 115 DOB: 02-19-32

RSTR: CORR LENS

Johnie Crosby

02/18/2004 669 25 FD/09

E19795

Lot 157 Section 2 Division 12

Plots are for - Lot 157 Sect 2 Div 12

Dionna Suggs with Kevin Sr Crosby	Kids mom	E-19708 5
Keionna Crosby	grand daughter	E-19795 6
DACYCZYN CROSBY	granddaughter	E-19795 6
KEVIN CROSBY SR	son	E-19795 11

Reserve these grave sites for my family

E19394 Div 10 Lot 974
I do not wish anyone to be interred in this grave

7-24 2006
Johnnie Crosby
619 267 8869
Cell 619 508 5075

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

" Low income ✓ Date 6/26/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patrick Andrew Ballard #230290

in a Liner (Type of Burial Container) Funeral, date, time 11:00 Weds July 5, 2006

Church, Chapel, Graveside ; Preferred Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 6 Grave 2

Grave space & Care Fund	1132.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number R-59688	1,679.46
Balance due	Ø .01

PAID
JUN 30 2006
MOUNT HOPE CEMETERY

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

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

Signature: Margaret Ballard

SD Resident verified

Work Order # E-19796

Print Name: Margaret Ballard #230291

Address: 4050 Swift Ave Apt #3

City: San Diego CA Zip Code: 92104

Telephone: (619) 283-1782

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

"Low income"

MT HOPE CEMETERY E-19796

GRAVE BLIND CHECK FORM

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

		Harris	X			Cabrera
		Reed			Landry	

Blind Check Initiated By: Paulette Date: 6/30/06

Interment space for: Patrick Ballard

Interment Date: July 5th Time: Wednesday

Div: 11 Sect: 2 Blk/Row: ____ Lot: 6 Gr: 2

Grave Laid out by: DAVID N.

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: [signature] Date: 7-3-06

Anthony Livingston

E 19796

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

pg 2 3

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PATRICK	ANDREW	BALLARD	11/18/1982	06/24/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
WILDOMAR	RIVERSIDE	MARGARET BALLARD, MOTHER 4050 SWIFT STREET #3 SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746

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

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

8B. DATE SIGNED: 06/30/2006

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	06/30/2006	▶ GARY M FELDMAN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
RIVERSIDE HEALTH DEPARTMENT 4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S)

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7-5-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

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

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.)

Revised June 2006

E-19796

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 Deceased: Patrick Andrew Ballard

Address: 4050 Swift ave Apt #3

City: San Diego State CA Zip Code 92104

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

Annual Income		Annual Income
(1) $13,980	(4)	$38,810
(2) $22,900	(5)	$45,890
(3) $31,440	(6)	$53,560

For larger families, add $7,760 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.

Mother Margaret Ballard — 6-28-006
Signed/ Relationship — Date

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 tax statement Other # A1468602

Approved by — 6/28/06
Date

Current 2005 Tax documents verified on:
Approved By David Lug
Date 6/28/06

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

DIVERSITY

E-19796

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ **Do not send to the IRS. This is not a tax return.**
▶ **Keep this form for your records. See instructions.**

OMB No. 1545-0074

2005

Declaration Control Number (DCN) ▶ 00-337356- -6

Taxpayer's name	Social security number
MARGARET M BALLARD	249-41-6319
Spouse's name	Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2005 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	7,838.
2	Total tax (Form 1040, line 63; Form 1040A, line 38; Form 1040EZ, line 10)	2	0.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 39; Form 1040EZ, line 7)	3	33.
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	2,677.
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2005, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the process of the electronic payment of taxes to receive confidential information necessary to answer inquires and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize HR BLOCK (**ERO firm name**) to enter my PIN 16319 (**do not enter all zeros**) as my signature on my tax year 2005 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ COPY ONLY Date ▶ 01/27/2006

Spouse's PIN: check one box only

[ ] I authorize _____ (**ERO firm name**) to enter my PIN _____ (**do not enter all zeros**) as my signature on my tax year 2005 electronically filed income tax return.

[ ] *I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box* **only** *if you are entering your own PIN* **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ COPY ONLY Date ▶ _____

FILE

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/ PIN. Enter your six-digit EFIN followed by your five-digit PIN. 33735670087 (**do not enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2005 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 01/27/2006

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

KBA For Privacy Act and Paperwork Reduction Act Notice, see page 2 of form.

Form Software Copyright 1996 - 2005 H&R Block Tax Services, Inc.

E-9796

CMRE FINANCIAL SERV. INC
3075 E.IMPERIAL HWY. #200
BREA, CA. 92821

PRSRT
First-Class
U.S. Postage
Paid
InfoSend

ADDRESS SERVICE REQUESTED

#BWNDRNQ *** ZM20501A AUTO 3-DIGIT 921
#ZM2CF/850678//32# 7000004600 01 0019 0096

T710 RMG100 H06 850678-3 017 H06

PATRICK BALLARD
4050 SWIFT AVE 3
SAN DIEGO CA 92104-2246

LOW INCOME ✓

AT-need (RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-26-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marcury Lee Owens #230288

in a Liner (Type of Burial Container) Funeral, date, time Weds July 5, 06 11:00

Church, Chapel, Graveside : CA Burial 229-2747 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Jazzmarie Reed X

Division 11 Section 2 Blk/Row Lot 10 Grave 7

Grave space & Care Fund	$ 1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container Liner	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.46
Total Due	$ 1,679.46
Paid receipt number R-59691	1679.46
Balance due	Ø

PAID JUL - 3 2006 MOUNT HOPE CEMETERY

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

I hereby authorize the interment in lot I hold under deed.

Jazzmarie Reed X
Signature

#230289

X Jazzmarie Reed
Print Name

X 4438 Illinois St #4
Address

X San Diego Ca 92116
City Zip Code

X 619 436 9436
Telephone

Invoice # _____

Work Order # E-19797

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E19797

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	JAMES CULLEN		
					CHARLES EDWARD	TOMMY THOMPSON

Blind Check Initiated By: KEVIN Date: 7-3-6

Interment space for: MARCURY LEE OWENS

Interment Date: 7-5-06 Time: 11AM

Div: 11 Sect: Z Blk/Row: ____ Lot: 10 Gr: 1

Grave Laid out by: KEN & CHUCK

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 7-3-6

E-19797

DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 08-05-11

N7206348

MARCURY LEE OWENS
1884 DORAN ST
SAN DIEGO CA 92154

SEX:F HAIR:BRN EYES:BRN
HT:5-09 WT:198 DOB:08-05-60

06/02/2006 677 24 FD/11

E-19797
pg 45

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARCURY	LEE	OWENS	08/05/1960	06/24/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MONIQUE CANDLER, DAUGHTER 1884 DORAN STREET SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689

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.

8A. SIGNATURE OF APPLICANT – Person taking permit: ▶ Claudette Russom

8B. DATE SIGNED: 6/21/2006

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	06/29/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-5-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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.)

E19797

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: February 3, 2006
Claim Number: 546-08-0300HA

0127 ROA,PC7,U,BA,BRE 214 000047726 01 AB 0.317
MARCURY L OWENS
1884 DORAN STREET
SAN DIEGO CA 92154-4215

When you received Supplemental Security Income (SSI) payments in the past, you received more than you should have. Our records show that you still owe us $486.00. Congress passed a law that permits us to collect SSI overpayments by withholding from your Social Security benefits. We plan to do that by withholding $68.00 from your Social Security benefits each month until we collect the $486.00 that you owe.

What We Will Pay And When

After we withhold from your Social Security benefits, you will receive $612.00 for February 2006. You will receive this amount on or about the third of March 2006.

If you pay Medicare premiums or health plan premiums, we deducted them from your benefits to get the amount you will receive on or about the third of March 2006.

After that, you will receive $612.00 on or about the third of each month.

You will resume receiving your full regular monthly payment with the payment you receive in November 2006.

What You Can Do

We will withhold $68.00 from your Social Security benefits unless, within 30 days of the date of this letter, you:

- Pay us back the full amount you owe,
- Ask us to review our finding that you still owe us the amount stated above,

Enclosure(s):
Payment Stub
Refund Envelope

C

See Next Page

E-9797

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 Deceased: Marcury lee Owens

Address: 1884 Doron st.

City: San Diego State Ca Zip Code 92154

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		Annual Income
(1)	$13,980	(4)	$38,810
(2)	$22,900	(5)	$45,800
(3)	$31,440	(6)	$53,560

For larger families, add $7,760 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.

Jazymarie Reed / daughter 6/28/06
Signed/Relationship Date

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 tax statement Other _____

Approved by 6/28/06
Date

Current SSI Benefit documents verified on:
Approved By (OL)
Date 6/28/06

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-26-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thomas DuFrenne (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time Weds July 12, 1:00

Church, Chapel, Graveside ; S.D. Memorial 692-3090 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 X will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row Lot 47X Grave 45

Grave space & Care Fund E-18384	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	Ø
Burial Container Ash vault Did not use	Ø
Handling Fees	Ø
Flower vases – Marker setting fee setting fee pd on E-18384	Ø
Recording/Filing/Transfer Fees	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number	
Balance due	Ø

Refund DL 8/10/06

Mr. Dufrenne's Ashes were lost by his companion. Gravesite holds ashes of cremated belongings (clothes, etc)

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Ricky C Kimble X
Signature

X Ricky C Kimble
Print Name
X 6502 Herrick St
Address
X San Diego CA
City Zip Code
X (619) 501-6432
Telephone

Invoice # _____

Work Order # E-19798

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-19798

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Ash Mult

	Shimaski					
	Luce		X			
			Morsso	Williams		

Blind Check Initiated By: _____ Date: _____

Interment space for: Thomas Dufresne

Interment Date: Weds 7/5 Time: 2:00 6.5

Div: 11 Sect: 2 Blk/Row: ____ Lot: 47 Gr: 45

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: DAVID N. Date: _____

pre-need

MT. HOPE CEMETERY

INTERMENT ORDER

E 19798

City of San Diego

Date 3-23-04

[illegible] / 227621

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Thomas R. Dufrenne & Ricky C. Kimble

in a ASH VAULTS (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 47 Grave 45 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	330.00
Additional spaces and care fund	
Opening/Closing & Setup 2 @ 116.00 each	232.00
Burial Container 2 @ 61.00 each	122.00
Handling Fees 2 @ 66.00	132.00
Flower vases – Marker setting fee	138.00
Recording and filing fee 2 @ 50.00	100.00
Sales taxes 2 @ 4.73	9.46
Total Due	925.46
Paid receipt number ~~[illegible]~~ R-57356	150.00
Balance due	775.46

PAID NOV 10 2005 MOUNT HOPE CEME

I hereby certify I am the X self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Thomas R. Dufrenne / Ricky C. Kimble
Signature

X 6502 HERRICK ST.
Address

X SAN DIEGO, CA 92114
City Zip Code

X 619-501-1500
Telephone

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18384

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 1 JUL 79 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) DUFRENE, Thomas Raymond Jr		2. DEPARTMENT, COMPONENT AND BRANCH USMC - 11	3. SOCIAL SECURITY NO. 492 70 6570
4a. GRADE, RATE OR RANK Corporal	4b. PAY GRADE E-4	5. DATE OF BIRTH 570907	6. PLACE OF ENTRY INTO ACTIVE DUTY St Louis Missouri
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND G Co 3d Cbt EngrBn		8. STATION WHERE SEPARATED WTBn(MCCD)Bison Rng Area CamPen CA	
9. COMMAND TO WHICH TRANSFERRED Camp Smith, HAWAII		10. SGLI COVERAGE AMOUNT $ 20,000 ☐ NONE	

PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles including periods of one or more years)

1371 Combat Engineer 4 years 8 months

12. RECORD OF SERVICE	YEARS	MONTHS	DAYS
a. Date Entered AD This Period	75	09	25
b. Separation Date This Period	80	06	22
c. Net Active Service This Period	04	08	08
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	01	14
f. Foreign Service	00	11	22
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	80	04	02
i. Reserve Obligation Term. Date	01	03	22

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

M-16 Rifle Marksmanship Badge

14. MILITARY EDUCATION (Course title, number weeks, and month and year completed)

NCO Leadership School 3 WEEKS 10/79
Basic Combat Engineer 6 WEEKS 05/76

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM ☐ YES ☒ NO	16. MEMBER WAIVED PRIOR TRANSITION BENEFIT ☒ YES ☐ NO	17. AMOUNT REMAINING 00.00LB 00.00LB

18. REMARKS

Good Conduct Period Commences: 780626

Reenlisted in the United States Marine Corps
Marine requests copy #1 of DD form 214(MC)____

Requests for corrections to the form will be addressed to the Commandant of the Marine Corps (Code MSRB-10) Headquarters U. S. Marine Corps Washington D. C. 20380

19. MAILING ADDRESS AFTER SEPARATION 3919½ 4TH AVE S BURMINGHAM AL	20. MEMBER REQUESTS COPY #8 SENT TO DIR. OF VET AFFAIRS ☐ YES ☐ NO
21. SIGNATURE OF MEMBER BEING SEPARATED Thomas R. Dufrene Jr	22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF AUTHORIZED OFFICIAL DAVID W. HAMBRICK, Lt., USMC

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGE	24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE	
25. SEPARATION AUTHORITY MarCorSepMan para 6012.1a	26. SEPARATION CODE KHC-4	27. REENLISTMENT CODE RE-1A
28. NARRATIVE REASON FOR SEPARATION REENLISTED		
29. DATES OF TIME LOST DURING THIS PERIOD 280306 to 280412		30. MEMBER REQUESTS COPY 4

S/N 0102-LF-000-7140

BEST COPY AVAILABLE
U.S.M.C

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need
NON-RES

Date 6-26-06

IN GRAVE with Kenneth OTSUKA

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stanley Kenneth OTSUKA (X) #230322

in a Ash Vault (Type of Burial Container) Funeral, date, time Thurs July 13, 06 11:30

Church, Chapel (Graveside) : Community Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 426-2006 Robert #283.00

will be applied and billed to undersigned. Dorothy T. Otsuka

Division 10 Section _____ Blk/Row _____ Lot 4778 Grave B

Grave space & Care Fund E-4434	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$199.00
Burial Container Ash Vault	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	85.00
Sales taxes	$8.06
Total Due	$510.06
Paid receipt number R-59683	$510.06
Balance due	0

PAID
JUN 26 2006
MOUNT HOPE CEMETERY

I hereby certify I am the mother X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#221378

I hereby authorize the interment in lot I hold under deed.

Dorothy T. Otsuka
Signature

X DOROTHY T. OTSUKA
Print Name
X 741 NACION AVE
Address
X CHULA VISTA CA 91910
City Zip Code
X (619) 426-5724
Telephone

Invoice # _____

Work Order # E-19799

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-19799

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	HAMILTON		X	KOKAE		
		COMEAUX		GIBSON		

Blind Check Initiated By: KEVIN TIAMPA Date: 7-11-06

Interment space for: STANLEY KENNETH OTSUKA

Interment Date: 7-13-06 Time: 11.30

Div: 10 Sect: ____ Blk/Row: ____ Lot: 778 Gr: ~~778~~ 1

Grave Laid out by: KENNETH COLLINS

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E 19749

age 50

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
STANLEY	KENNETH	OTSUKA	09/16/1955	06/21/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DOROTHY T. OTSUKA, MOTHER 741 NACION AVENUE CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA, CA 91911	FD1682	▶ [signature]	6/26/06

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103056 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	06/26/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 7-13-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES, INC. 2570 FORTUNE WAY VISTA, CA 92083	12B. DATE CREMATED 7/3/06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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 (Res)

1st Burial only

Date 6-27-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mattie Davis # 969 11:00

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Thurs July 6, 06

Church, Chapel, Graveside Thurs 11:00 ; SD Memorial Mortuary.

New Creation Chr 692-3090

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 12 Section 1 Blk/Row ____ Lot 94 Grave 9

Grave space & Care Fund $2,264.00

Overtime/Late Arrival Fees ..... ____

Opening/Closing & Setup 533.00

Burial Container ..... DD crypt 539.00

Handling Fees 454.00

Flower vases - Marker setting fee 0

Recording/Filing/Transfer Fees 65.00

Sales taxes 41.77

Total Due $3,896.77

Paid receipt number R-59694 3,896.77

Balance due 0

PAID 7-6-06 ✓ R-59695 JUL - 5 2006 MOUNT HOPE CEMETERY

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X

Signature

X See attach

Print Name

X for signature

Address

X

City Zip Code

X

Telephone

Invoice # ____

Work Order # E-19800

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19800

DMV **CALIFORNIA** DMV

DRIVER LICENSE

EXPIRES 08-16-10

N4346230

CLASS: C

MATTIE LOUISE DAVIS
5432 SAN ONOFRE TER
SAN DIEGO CA 92114

SEX: F HAIR: BLK EYES: BRN
HT: 5-05 WT: 145 DOB: 08-16-39

Mattie L Davis

07/06/2006 [illegible] FD1[illegible]

06/27/2006 10:01 SD MT. HOPE CEMENTERY + SD MEMORIAL NO. 298

E19800

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need
Needs proof of Res
Mt Burial only

Date 6-27-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mattie Davis

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Family will c/b

Church, Chapel, Graveside SD memorial 692-3090 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day of an extra charge of $ 213.00

will be applied and billed to undersigned. X

Division 12 Section 1 Blk/Row ____ Lot 94 Grave 9

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container DD Crypt "A"	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	$3,896.77

Paid receipt number ____

Balance due ____

I hereby certify I am the Son X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#230284

I hereby authorize the interment in lot I hold under deed.

Percy B Davis Jr
Signature

X Percy B. Davis Jr
Name
X 5432 San Onofre Terr.
Address
X San Diego Calif. 92114
City Zip Code
X 614 742-6599
Telephone

Invoice # ____

Work Order # E-19800

Acct # ____

This information is available in alternative formats upon request

E19800

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			HENRY ZACKERY
		CHARLES FOWLER		JEREMY HOGAN	CHARLIE THOMPSON	

Blind Check Initiated By: KEVIN Date: 7-5-06

Interment space for: MATTIE DAVIS

Interment Date: 7-6-06 Time: 11AM

Div: 12 Sect: 1 Blk/Row: ____ Lot: 94 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 7-5-06

E19800

age 66

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MATTIE	L.	DAVIS	08/16/1939	06/26/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PERCY DAVIS, SON 5432 SAN ONOFRES TERRACE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
WILLIAMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575	▶ [signature]	06/29/2006

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	06/29/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7-6-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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

Estate Burial
AT-Need

City of San Diego

Date 6-27-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Regina Eddy PIN# 228259

in a LINER (Type of Burial Container) Funeral, date, time MON July 3, 06 9:30

Church, Chapel, Graveside Delivery only ; CA Burial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. Torrie 234-3272

Division 12 Section 1 Blk/Row _____ Lot 64 Grave 4

Grave space & Care Fund E-18715 (2004)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container LINER	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

PA Lynn Calhoun
858 694-3529
858 694-3987 Fax#

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X
Signature

X see attach
Print Name
X for signature
Address
X
City Zip Code
X
Telephone

Invoice # _____

Work Order # E-19801

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19801

Estate Inv. Res
Pre-need
Lot/trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/23/04

228259

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FOR Regina Eddy #20021039

in a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 64 Grave 4

Grave space & Care Fund	1310.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.00
Burial Container	278.00
Handling Fees	213.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	66.00
Sales taxes	21.54
Total Due	2437.54
Paid receipt number R-58047	2437.54
Balance due	Ø

PAID
SEP 23 2004
MOUNT HOPE CEMETERY

P.A. Gregory Brown
858-499-0186 Fax 858-495-5127

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Paulette

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 18715

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

Estate Burial City of San Diego

AT-Need

Date 6-27-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Regina Eddy in a Liner (Type of Burial Container) Funeral, date, time MON July 3, 06 9:30 Church, Chapel, Graveside Delivery only : CA Burial Mortuary. Terrie 234-3272

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row _____ Lot 64 Grave 4

Grave space & Care Fund E-18715 (2004)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container Liner	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

E19801

I hereby certify I am the Public Guardian of the above named decedent and that is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

PUBLIC ADMINISTRATOR/GUARDIAN X
ESTATE OF Regina Eddy
BY [signature]

X Lynn Calhoun (Print Name)
X 5201 A Ruffin Rd. (Address)
X San Diego CA 92123 (City, Zip Code)
X 858-694-3529 (Telephone)

Invoice # _____

Work Order # E-19801

Acct. # _____

REA-101 (3-04)

This information is available in alternative formats upon request.

Estate Burial

E19801

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. Delivery ONly LiNeR

			#4 X	#5 Buono John	#6 Olga Buono	
		#9 Anne Green				

Blind Check Initiated By: Sandra Date: 6-27-06

Interment space for: Regina Eddy

Interment Date: MON July 3, 06 Time: 9:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 64 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth [illegible] Date: 6/30/6

E19801

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
REGINA	-	EDDY	04/27/1919	06/25/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	LYNN CALHOON, PUBLIC GUARDIAN 5201 A RUFFIN RD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Claudette Ruiz	7/3/06

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
	11.00	07/03/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED: 7-3-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Kevin F. Jenner	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶	
SCIENTIFIC USE	13A. 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: -	14B. 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: -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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
Res fee Verified

Date 6/28/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances E. DENBY #230281

In a Liner (Type of Burial Container) Funeral, date, time Saturday July 1 11:00

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 99 Grave 9

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees Sat. Fees	851.-
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	4209.93
Paid receipt number	2-59685 - 1209.93 P-00360 - 2500.00 Mc - 500.00
Balance due	0

PAID
JUN 29 2006
MOUNT HOPE CEMETERY

I hereby certify I am the x daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Pamela S. Denby Smith
Signature

#230282
x Pamela S. Denby Smith
Print Name
x 30124 Harvest Lane
Address
x Murrieta 92563
City Zip Code
x 951 894-6392
Telephone

Paulette
Work Order # E-19802

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19802

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. "Liner"

				Gibson		
	Costa	Huff	x	Freeman	Perry	
	Tuazon					

Blind Check Initiated By: Paulette C. Date: 6/29/06

Interment space for: Frances E. Denby

Interment Date: SATURDAY 7-1-06 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 99 Gr: 9

Grave Laid out by: Norman "Flag"

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 6-29-06

University of California
Human Resources and Benefits
PO Box 24570
Oakland, CA 94623-1570

Address Service Requested

E19802

First Class Mail
U.S. Postage Paid
University of California

FRANCES E DENBY
1365 WYSTONE DR
SAN DIEGO, CA 92113

BAN

92113%3562 C009

E19802

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

page 73

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRANCES	E	DENBY	01/09/1933	06/24/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MURRIETA	RIVERSIDE	PAMELA DENBY-SMITH, DAUGHTER 30124 HARVEST LANE MURRIETA, CA 92563

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶	

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	06/29/2006	GARY M FELDMAN, MD ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
RIVERSIDE HEALTH DEPARTMENT 4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S)

BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 7-1-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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 (D.P.)

Date 6/29/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Mullen #230283

in a Double Depth "B" (Type of Burial Container) Funeral, date, time Thrs. 10AM July 6

Church, Chapel, Graveside Pilgrim Progressive Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 14 Blk/Row _____ Lot 280 Grave 2

Grave space & Care Fund C-8446/E-14842	0
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 R-59689	598
Balance due	0

PAID JUN 30 2006 MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached for signature

Invoice # _____

Acct. # _____

Paulette

Work Order # E-19803

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19803

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/29/06

A' Recd (D.P.)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Mullen in a Double Depth "B" (Type of Burial Container). Funeral, date, time Thrs. 10AM July 6 Church, Chapel, Graveside Pilgrim Progressive Anderson-Ragsdale Mortuary

All funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 7 Section 14 Blk/Row _____ Lot 28D Grave 2

C-8446/E-14842

Grave space & Care Fund	
Overtime/Late Arrival Fees	5.32
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	65.-
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	598.-
Paid receipt number	
Balance due	

06/29/2006 Mortuary to pay Blair Campbell

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name Vernon Martin

Address 839 S. 37th Street

City San Diego, CA 92113 Zip Code

Telephone

Invoice # _____

Acct. # _____

Paulette

Work Order # E-19803

This information is available in alternative formats upon request.

E19803

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.

D.D. CRYPT "B"

				Gamble	Arbuckle	Richardson
	Williams	Posey Morris	X	Jesse Morris	Poole	Mason

Blind Check Initiated By: Paulette C. Date: 6-30-

Interment space for: Annie Mullen

Interment Date: Thurs. July 6 Time: 10 am Church

Div: 7 Sect: 14 Blk/Row: ____ Lot: 280 Gr: 2

Grave Laid out by: Darrell + Ken

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: [illegible] Date: 7-5-06

E19803

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 81

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANNIE	LAURIE	MULLEN	07/29/1924	06/28/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROBERT MARTIN, SON 4902 FIR STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329		07/05/2006

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	07/05/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-6-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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

Date 6/29/06

"Air force" honors

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aaron Hamlin

In a _____ (Type of Burial Container) Funeral, date, time July 6, Thursday 12:45

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.

Area of Veteran's Monument

Division _____ Section _____ Blk/Row _____ Lot _____ 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 — Mock Set-up	71.-
Sales taxes	
Total Due	71.-
Paid receipt number	
Balance due	

VOID

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E-19804

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT need on grave of Tina M. Ronan

Date 6 - 29 - 06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thomas Ronan ⊗ #217140

in a Ash Vault (Type of Burial Container) Funeral, date, time July 21 Friday 10:00

Church, Chapel, Graveside ____ : Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. Shirley Ronan X

Division 11 Section 2 Blk/Row ____ Lot 78 Grave 5 B

Grave space & Care Fund E-5615	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.—
Burial Container	79.—
Handling Fees	85.—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.—
Sales taxes	6.12
Total Due	384.12
Paid receipt number R-59706	385.12
$1.00 Credit	
Balance due	0

PAID
JUL 17 2006
MOUNT HOPE CEMETERY

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Shirley Ronan (Signature)

3460 Agosta A.
S.D. CA 92154

Work Order # E-19805

X SHIRLEY RONAN (Print Name)
X 3460 AGOSTO ST (Address)
X SD CA 92154 (City, Zip Code)
X 619-690-4932 (Telephone)

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19805

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Ash Vault on grave of Tina M. Ronan

			Kirsey			
		Bradford	X	Bryant		
		Fox		Holmes		

Blind Check Initiated By: Paulette Date: 7/18

Interment space for: Thomas Ronan

Interment Date: July 21 Fri. Time: 10:00

Div: 11 Sect: 8 Blk/Row: ____ Lot: 78 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flat

Blind Check & Verified By: Kenneth Collins Date: 7/19/06

E19805

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
THOMAS	JOSEPH	RONAN	10/28/1935	05/23/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	SHIRLEY RONAN, SPOUSE 3460 AGOSTO ST. SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PINKHAM-MITCHELL IMPERIAL BEACH MORTUARY, 808 13TH ST IMPERIAL BEACH, CA 92032	FD1178		05/31/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	05/31/2006	NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

10. AUTHORIZED DISPOSITION(S)

CR/BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-21-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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
Res. fee

Date 7-3-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Janice E. Gannott #230311

in a Liner (Type of Burial Container) Funeral, date, time Friday July 14 2:30

Church, Chapel Graveside Claremont Mortuary 858-483-3007

All Funeral cars 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 4740 Grave 1 B

Grave space & Care Fund E-8057	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533-
Burial Container	270.-
Handling Fees	206-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	1094.93
Paid receipt number VISA AP022516	1094.93
Balance due	Ø

PAID
JUL - 6 2006
MOUNT HOPE CEMETERY

3752 Bancroft
SD CA 92104

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

Paulette

X _____ Print Name

X _____ Address

X _____ City Zip Code

Telephone

Invoice # _____

Work Order # E-19806

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19806

ingrave with George Gannott

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. "Liner"

			Rallatt			
			X			
		Jack Davis		Jefferson	Bray	

Blind Check Initiated By: Paulette Date: 7-10

Interment space for: Janice E. Gannott

Interment Date: Friday 7/14 Time: 2:30 G.S.

Div: 10 Sect: — Blk/Row: — Lot: 4740 Gr: 1

Grave Laid out by:

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: [illegible] Date: 7-12-06

E19806

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JANICE	ELAINE	GANNOTT	03/03/1930	06/30/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	EILEEN PULLEN, DAUGHTER 3158 OGALALA AVENUE SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY, 4266 MT ABERNATHY AV SAN DIEGO, CA 92117	FD1126	▶ [signature]	07/07/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed signed 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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	07/07/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-14-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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

Date 7-3-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lois E. Mashburn #230285

in a DD Crypt "B" (Type of Burial Container) Funeral, date, time Friday July 7th 11:00

Church, Chapel, Graveside 11:00 Chapel Featheringill Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213 will be applied and billed to undersigned. Stacee A. Mashburn

Division 10 Section ____ Blk/Row ____ Lot 2258 Grave ____

Grave space & Care Fund	0
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 Visa AP001923	598.-
Balance due	0

PAID JUL - 5 2006 MOUNT HOPE

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Stacee A. Mashburn (Signature)

Stacee A. Mashburn (Print Name)
6340 Streamview Dr. (Address)
San Diego CA 92115 (City, Zip Code)
619-583-3503 (Telephone)

Paulette

Work Order # E-19807

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19807

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.

		ANTIROSE	SIPEREK	SIPEREK		
	HERMAN		X	C.C MASHBURN		
	STARL		HELLWEIN	WEYANT		

Blind Check Initiated By: KEVIN Date: 7-5-6

Interment space for: LOIS E. Mashburn

Interment Date: Friday July 7th Time: 11AM

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2259 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

FLAG ON GRAVE
TRIAN VASE IN GRAVE

Blind Check & Verified By: Kenneth Collins Date: 7/5/06

E19807

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 83

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOIS	ELAINE	MASHBURN	07/16/1923	07/03/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	STACEE A. MASHBURN, DAUGHTER 6340 STREAMVIEW DR. SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Domingo	07/05/2006

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/05/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7-7-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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
(Res)
In Grave with
Janet Takeguchi

Date 7-6-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JACK Takeguchi #223720

in a DD Crypt B (Type of Burial Container) Funeral, date, time Sat, July 8, 2006 10:00

Church, Chapel, Graveside Buddhist Temple ; Robert Community Mortuary 426-2006

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 11 Blk/Row _____ Lot 154 Grave 1 B

Grave space & Care Fund B-8145 (1962)	0
Overtime/Late Arrival Fees 7-7-06 pd separate SAT Service by Visa AP 05448	$851.00
Opening/Closing & Setup	$533.00
Burial Container DD Crypt B	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	$65.00
Sales taxes	0
Total Due	$598.00
Paid receipt number 7-6-06 pd by Visa $598.00 7-7-06 pd by Visa $851.00	
Balance due	0

PAID JUL - 6 2006 MOUNT HOPE

Total $1,449.00
Bal - 0

I hereby certify I am the Caroline Von Eiff x of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Caroline Von Eiff x
Signature

x Caroline Von Eiff
Print Name
x 1198 Cove View Way
Address
x San Diego
City
x 619-671-9797
Telephone
Zip Code

Invoice # _____

Work Order # E-19808

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19808

Attn: Sandy / Decease

CALIFORNIA

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 01-06-11

M0554534

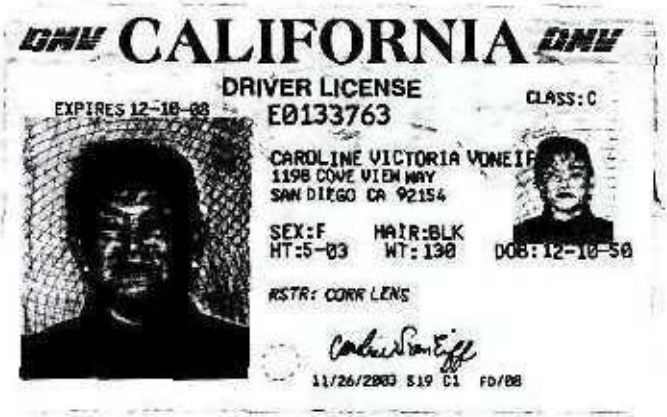
JACK MASASHIGE TAKEGUCHI
1198 COVE VIEW WAY
SAN DIEGO CA 92154

SEX:M HAIR:GRY
HT:4-11 WT:095

01/30/2001 677 37 F0/11

E19808

Daughter of Decease



DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 12-10-08

E0133763

CLASS: C

CAROLINE VICTORIA VONEIF

1198 COVE VIEW WAY

SAN DIEGO CA 92154

SEX: F HAIR: BLK

HT: 5-03 WT: 130 DOB: 12-10-50

RSTR: CORR LENS

11/26/2003 S19 C1 FD/08

E19808

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 07/06/06 TIME: 13:57:03
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0005
BATCH: 133
CD TYPE: VISA
TR TYPE: PR

TOTAL: $598.00

ACCT: ************9337 EXP: ****
AP: 018508
NAME: CAROLINE VONEIFF
CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

x Caroline S. von Eff
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

AT Need Services
Div 7 Sec 11 LOT 154
GR 1
FOR Jack Takeguchi
E-19808

E19808

pd by phone FOR SAT
Services FOR Jack
Takeguchi, E-19808
Div 7 Sec 11 LOT 154 GR 1

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
(Res) SAN DIEGO CA 92102
619-527-5474
430132215666 5644

DATE: 07/07/06 TIME: 09:25:16
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 134
CD TYPE: VISA
TR TYPE: PR

TOTAL: $851.00M

ACCT: **********9337 EXP: ****
AP: 054448 AVS: ZIP MATCH
V-CODE MATCH

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X_____
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E19808

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.

		MEMORIAL MONUMENT				
		HIRATA	X		STUART	
		YAMAGUCHI	IGUCHI			

Blind Check Initiated By: KEVIN Date: _____

Interment space for: JACK TAKEGUCHI

Interment Date: SAT JULY 8 Time: _____

Div: 1 Sect: 11 Blk/Row: _____ Lot: 154 Gr: 1

Grave Laid out by: Norman & Ken

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 7-8-06

age 98 E19808

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JACK	MASASHIGE	TAKEGUCHI	01/06/1908	07/04/2006 FND	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CAROLINE V. VONEIFF, DAUGHTER 1198 COVE VIEW WAY SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA CA 91911	FD1682	▶ Caroline Voneiff	7/7/06

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/07/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	—

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 7/8/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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 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

DisInterment
Need proof of Res

City of San Diego

Date 7-6-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ada Takeguchi (X)

in a _____ Funeral, date, time _____
Type of Burial Container

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 _____ Section _____ Blk/Row _____ Lot _____ 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 Disinterment $497.00

Sales taxes _____

Total Due $497.00

Paid receipt number _____

Balance due _____

VOID
Baby AT Cypress view NOT MT Hope

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X
Signature

X
Print Name

X
Address

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E-19809

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need
(Res)
1st Burial only

Date 7-6-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pamela L Grady #230294

in a DD Crypt A (Type of Burial Container) Funeral, date, time Sat July 8, 06 1:00 p.m.

Church, Chapel, Graveside _____ ; Rossdale Skipper Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Marquetta Grady X

Division 12 Section 2 Blk/Row _____ Lot 224 Grave 2

Grave space & Care Fund	$ 2,264.00
Overtime/Late Arrival Fees Sat Service	$ 851.00
Opening/Closing & Setup 1 @ $533.00	$ 533.00
Burial Container DD Crypt A	$ 539.00
Handling Fees	$ 454.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees 1 @ $65.00	$ 65.00
Sales taxes	$ 41.77
Total Due	$ 4,747.77
Paid receipt number R-59696	4,747.77
Balance due	0

PAID JUL - 7 2006 MOUNT HOPE CEMETERY

I hereby certify I am the sister X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#230295

I hereby authorize the interment in lot I hold under deed.

Marquetta Grady
Signature

X Marquetta Grady
Print Name
X 2073 Cardinal Dr
Address
X San Diego Ca 92123
City Zip Code
X 858560-0681
Telephone
cell 858 717-5014

Invoice # _____

Work Order # E-19810

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19810

SECURITY WARNING: THE FACE OF THIS DOCUMENT FEATURES A COLORED BACKGROUND AND MICROPRINT BORDERS - THE REVERSE SIDE FEATURES ARTIFICIAL WATERMARKS

San Diego Metropolitan Credit Union

Post Office Box 719099
San Diego, California 92171-9099
619-297-4835

DATE
07-06-06

90-8154
3222

CHECK NO: 0L 19046

CASHIER'S CHECK

AMOUNT
********4,747.77

VOID AFTER 180 DAYS

PAY THE SUM OF FOUR THOUSAND SEVEN HUNDRED FORTY SEVEN DOLLARS AND 77 CENTS

PAY TO THE ORDER OF MT HOPE CEMETERY

REF

Joseph Schroeder
AUTHORIZED SIGNATURE

REQUIRES TWO SIGNATURES OVER $5,000

⑈000119046⑈ ⑆322281549⑆0000080000202⑈

E19810

OFFICIAL RECEIPT

[redacted]

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

59656

Date: 7-7-06, 20 06

From: X Marquetta Grady Address: X 2023 Cardinal Dr. S.D. Ca. 92123

Four thousand Seven hundred forty-Seven 77/100 Dollars ($ 4,747.77)

In Full Payment of AT Need Services FOR Pamela L Grady

Div 12 Sec 2 Blk/Row ____ Lot 224 Grave 2

Invoice No. E-19810

Acct. No. ____

W.O. ____

BALANCE DUE 0

000119046 ☑ Money Order
☐ Charge
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL - 7 2006

MOUNT HOPE

ISSUED BY Sandra

CREDIT	67007	452	80
20% Sales Care	77184		
80% Sales	100	1,811	20
of Lots	77184		
Opening/	100		
Closing	77181	533	00 O/C
Burial	100		
Containers	77182	539	00 B/C
	100		
Handling Fee	77185	454	00 H/F
Recording &	100		
Misc. Fees	77183	916	00
Sales Tax	60101	41	77
	78390		
TOTAL PAID	$	4,747	77

AC-212A (11-05)
This information is available in alternative formats upon request.

E19810

People Making Technology Work™

GRADY, PAMELA L
2072 CARDINAL DR
SAN DIEGO CA 92123-3703

This Book Contains

- Name, Address & Telephone Number Change Form
- Automatic Payment Application
- Payment Instructions
- Payment Coupons
- Convenient Address Labels

EDUCATION LOAN PAYMENT BOOK

E19810

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. DD Crypt 1st Burial

		GR-1 Tree	LOT 224 X GR 2	#3 James Dorman		
		#7 Mary King Reynolds	#8	#9	#10	#11 Mary Mitchell

Blind Check Initiated By: Sandra Date: 7-6-06

Interment space for: Pamela Grady

Interment Date: Sat July 8, 06 Time: 1:00 p.m.

Div: 12 Sect: 2 Blk/Row: ____ Lot: 224 Gr: 2

Grave Laid out by: Norman Ken

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Kim Jones Date: 6-7-06

E19810
page 52

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PAMELA	LAVERNE	GRADY	05/05/1954	06/29/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	MARQUETTA GRADY, SISTER 2072 CARDINAL DRIVE SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329		07/05/2006

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.

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	07/06/2006	NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7/8/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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

Res
Quit Claim Transfer
from Willie Thomas Jr.
Wilson to sister
Mary E. Wilson Richardson

Date 07-06-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary E. Wilson Richardson

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 22 Grave 9

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting	
Recording/Filing/Transfer Fees Quit Claim Transfer (Res)	$65.00
Sales taxes	
Total Due	$65.00
Paid receipt number Pd by Visa	$65.00
Balance due	0

PAID
JUL - 6 2006
MOUNT HOPE CEMETERY

I hereby certify I am the _____ X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Mary E W Richardson X
Signature

X MARY E WILSON RICHARDSON
Print Name

X 7405 36th ST
Address

X SAN DIEGO CA 92113
City Zip Code

X 619 239-2068
Telephone

David Lugo

Invoice # _____

Work Order # E-19811

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19811

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-19811 **Veteran's Section** DATE: 7/6/2006

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: Mary E Wilson Richardson 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: 11 SECTION: 1 BLOCK / ROW: LOT: 22 GRAVE(s): 9
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

Veteran's Section Only valid for active duty or honorably discharged veteran

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 6th day of July, 2006.

Signature / Date

Cemetery Manager

Quit Claim Transfer
Reissued Deed E-19811

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

~~Active duty~~ or Veteran's Section -

Only valid for active duty or honorably discharged veteran.

E19811

E19811

(619) 239-2068
Div 11 Sec 1 Lot 22 Gr 9
Quit claim transfer

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 07/06/86 TIME: 13:13:49
MERH: 322156665644 STRH: 4301 TERH: 0002
S-A-L-E-S D-R-A-F-T

REF: 0004
BATCH: 133
CD TYPE: VISA
TR TYPE: PR

TOTAL: $65.00

ACCT: **********6101 EXP: ****
AP: 013134
NAME: MARY E RICHARDSON
CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

x Mary E Richardson
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E19811

MT. HOPE CEMETERY- CITY OF SAN DIEGO
DECLARATION OF RIGHT TO INTER

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 11 Section 1 Lot 22 Grave 9

2. My legal authority to the above property is based on the following facts: I am-Willie T Wilson Jr Sister Mary E Wilson Richardson

3. I have presented the following evidence to support the above facts.
Certificate of death

DL

Rev. 08/05

E19811

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 July 6, 2006 in San Diego
(Date) (City)

Signature Mary E W Richardson Print Full Name MARY E W. RICHARDSON

To have deed sent to you, fill in your mailing address here:

Full Name Mary Ewilson Richardson

Address 740 S 36th St #213

City, State & Zip Code San Diego Ca 92113

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. (RES)

(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. (RES)

5. Notarization: Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of _____

County of _____ ss.

On this _____ day of _____ in the year _____, before me _____

personally appeared _____, 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

F19811

FOR OFFICE USE ONLY

Witnessed:

Signed on July 6 (Date), 2006 in San Diego (City)

Signature Maria Dovansky Print Full Name Maria Dovansky

Documents Presented:

Certificate of death

Processed by: _____

Approved by Cemetery Manager: David Lugo

Transfer allowed: Yes ✓ **No** _____

If no, reason:

_____

_____

_____

Resident Fee
Transfer fee paid ($65.00) ✓ Resident Fee **New Deed Issuance Paid** ($65.00) _____

Transfer Fee Non-Resident ($85.00) _____ New Deed Issuance Paid Non-Resident ($85.00) _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER 3200637009500

E19811

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given): WILLIE
2. MIDDLE: THOMAS
3. LAST (Family): WILSON JR
4. DATE OF BIRTH: 07/06/1911
5. AGE: 94
6. IF UNDER ONE YEAR: Months / Days
7. IF UNDER 24 HOURS: Hours / Minutes
8. SEX: M
9. BIRTH STATE/FOREIGN COUNTRY: OK
10. SOCIAL SECURITY NUMBER: 443-10-2614
11. EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS: WIDOWED
13. DATE OF DEATH: 06/19/2006
14. HOUR: FND 0900
15. EDUCATION: HS GRADUATE
16. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? [ ] YES [X] NO
17. DECEDENT'S RACE: BLACK
18. USUAL OCCUPATION: SUPERVISOR POWER SYSTEM SUPPORT
19. KIND OF BUSINESS OR INDUSTRY: CIVIL SERVICE
20. YEARS IN OCCUPATION: 35

USUAL RESIDENCE

21. DECEDENT'S RESIDENCE: 4940 HILLTOP DRIVE
22. CITY: SAN DIEGO
23. COUNTY/PROVINCE: SAN DIEGO
24. ZIP CODE: 92102
25. YEARS IN COUNTY: 60
26. STATE/FOREIGN COUNTRY: CA

INFORMANT

27. INFORMANT'S NAME, RELATIONSHIP: MARY E. RICHARDSON, SISTER
28. INFORMANT'S MAILING ADDRESS: 740 S. 36TH STREET #213, SAN DIEGO, CA 92113

SPOUSE AND PARENT INFORMATION

29. NAME OF SURVIVING SPOUSE – FIRST: -
30. MIDDLE: -
31. LAST (Married name): -
32. NAME OF FATHER – FIRST: WILLIE
33. MIDDLE: THOMAS
34. LAST: WILSON SR
35. BIRTH STATE: TX
36. NAME OF MOTHER – FIRST: MINNIE
37. MIDDLE: -
38. LAST (Maiden): EVAN
39. BIRTH STATE: TN

FUNERAL DIRECTOR/ LOCAL REGISTRAR

40. DISPOSITION DATE: 06/22/2006
41. PLACE OF FINAL DISPOSITION: MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102
42. TYPE OF DISPOSITION: BU
43. SIGNATURE OF EMBALMER: RUSSELL PRYOR SR
44. LICENSE NUMBER: 8321
45. NAME OF FUNERAL ESTABLISHMENT: ANDERSON - RAGSDALE MORTUARY
46. LICENSE NUMBER: FD1329
47. SIGNATURE OF LOCAL REGISTRAR: NANCY L BOWEN, MD
48. DATE: 06/21/2006

PLACE OF DEATH

49. PLACE OF DEATH: FND, OWN RESIDENCE
50. IF HOSPITAL, SPECIFY ONE: [ ] ER/OP [ ] DOA
51. IF OTHER THAN HOSPITAL, SPECIFY ONE: [X] Decedent's Home
52. COUNTY: SAN DIEGO
53. FACILITY ADDRESS OR LOCATION WHERE FOUND: 4940 HILLTOP DRIVE
54. CITY: SAN DIEGO

CAUSE OF DEATH

55. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →

251 a. CARDIOPULMONARY FAILURE — INT: MINS

251 b. CONGESTIVE HEART FAILURE — INT: MOS

Sequentially list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

c. CORONARY ARTERY DISEASE — INT: YRS

d. HYPERTENSION — INT: YRS

56. DEATH REPORTED TO CORONER? [X] YES [ ] NO — WV06-03107
57. BIOPSY PERFORMED? [ ] YES [X] NO
58. AUTOPSY PERFORMED? [ ] YES [X] NO
59. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

199 60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 55: OSTEOARTHRITIS

70 61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 55 OR 60? NO

62. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

63. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
64. SIGNATURE AND TITLE OF CERTIFIER: CHARLIE RAY JOHNSON M.D.
65. LICENSE NUMBER: G32053
66. DATE: 06/21/2006
67. Decedent Attended Since: 11/09/1988
68. Decedent Last Seen Alive: 04/18/2006
69. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: CHARLIE RAY JOHNSON M.D., 2400 EAST 8TH STREET, NATIONAL CITY, CA 91950

CORONER'S USE ONLY

70. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
71. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
72. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
73. INJURY DATE
74. HOUR
75. PLACE OF INJURY (e.g., home, construction site, medical center, etc.)
76. DESCRIBE HOW INJURY OCCURRED
77. LOCATION OF INJURY
78. SIGNATURE OF CORONER / DEPUTY CORONER
79. DATE
80. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR

A | B | C | D | E

012006000258399

FAX AUTH. # | CENSUS TRACT

A01615419

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: June 28, 2006

Nancy L Bowen MD

NANCY L. BOWEN, M.D
- REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need
lot/Trust

Date 7-7-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Evelyn Carter Pin #230292

in a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 101 Grave 5

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	178.-
Recording/Filing/Transfer Fees	65-
Sales taxes	20.93
Total Due	3,536.93
Paid receipt number P-00374	3,536.93
Balance due	Ø

PAID
JUL 10 2006
MOUNT HOPE CEMETERY

I hereby certify I am the X Evelyn V. Carter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin # 230292

I hereby authorize the interment in lot I hold under deed.

X Evelyn V. Carter
Signature

X EVELYN V. CARTER
Print Name

X 5089 SOLOLA AVE.
Address

X SAN DIEGO
City

CA. 92113
Zip Code

619-263-6550
Telephone

Invoice # _____

Acct. # _____

Paulette

Work Order # E-19812

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Total of 12 Chairs

Date 7-10-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jeffery V. Todd #230304

in a Liner (Type of Burial Container) Funeral, date, time Friday July 14 10:00

Church Chapel, Graveside _____ ; Anderson Rogstale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 190 Grave 3

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases - Marker setting fee	178.-
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,536.93
Paid receipt number AP 528125	3,536.93
Visa Card Balance due	0

PAID

JUL 10 2006

MOUNT HOPE CEMETERY

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#230305

I hereby authorize the interment in lot I hold under deed.

Mary J. Todd
Signature

MARY Todd
Print Name

4997 DEAton DR
Address

San Diego, CA 92102
City Zip Code

619-2628839
Telephone

Paulette

CDL N 0147962 Invoice # _____

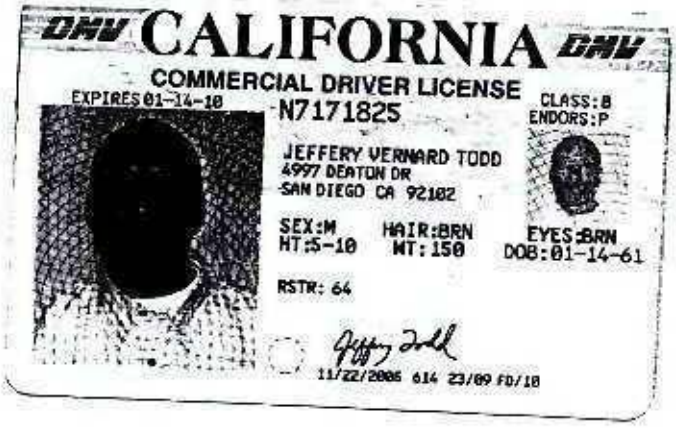
Work Order # E-19813 9-2208 Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19813



DMV CALIFORNIA DMV

COMMERCIAL DRIVER LICENSE

EXPIRES 01-14-10

N7171825

CLASS:B
ENDORS:P

JEFFERY VERNARD TODD
4997 DEATON DR
SAN DIEGO CA 92102

SEX:M
HT:5-10
HAIR:BRN
WT:150
EYES:BRN
DOB:01-14-61

RSTR: 64

11/22/2006 614 23/09 FD/10

E19813

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. " Liner "

			Hamilton			
	Bambacke		X			
	Johnson			Gasper		

Blind Check Initiated By: Paulette Date: 7-10

Interment space for: Jeffery V. Todd

Interment Date: Friday 7/14 Time: 10:00 C

Div: 12 Sect: 2 Blk/Row: ____ Lot: 190 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No Plat

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: ____

E19813

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 45

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JEFFREY	VERNARD	TODD	01/14/1961	07/07/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	MARY TODD, MOTHER 4997 DEATON DRIVE SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	[signature]	07/10/2006

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.

PERMIT	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	07/10/2006	NANCY L BOWEN, MD

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-14-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — 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

IN Grave with
John James JR Gritz

Date 7-11-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille M. Gritz (X) #225625

in a Ash Vault (Type of Burial Container) Funeral, date, time FRI July 25 2006

Church, Chapel, Graveside (Graveside) Family will Del ; MINN. (OUT OF STATE) 10:30 Mortuary

All Funeral 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 7 Section 16 Blk/Row _____ Lot 33 Grave 6 B

Grave space & Care Fund D-7359 (1976)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container Ash Vault	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

pre-need Trust pd
ON 1-15-2002
E-16860 R-54552

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X
Signature

CALIF. Burial Permit
must Accompany Cremains

X see attach
Print Name
X for signature
Address
X
City Zip Code
X
Telephone

Invoice # _____

Work Order # E-19814

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Son
Raymond Gritz
507 237-5818 Ext 403 wk #
Fax # 507 237-5826

E19814

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need

IN Grave with
John James JR Gritz

Date 7-11-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille M. Gritz (X)

in a Ash VanIT Funeral, date, time FRI July 21 2006

Church Chapel (Graveside) Family will Del : MINN. (OUT OF STATE) 10:30 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____ will be applied and billed to undersigned. Raymond J Gritz X

Division 7 Section 16 Blk/Row ____ Lot 33 Grave 6

Grave space & Care Fund D-7359 (1976) 0

Overtime/Late Arrival Fees ____

Opening/Closing & Setup 0

Burial Container Ash VanIT 0

Handling Fees 0

Flower vases – Marker setting fee 0

Recording/Filing/Transfer Fees 0

Sales taxes 0

pre-need Trust pd ON 1-15-2002 E-16860 R-54552

Total Due 0

Paid receipt number ____

Balance due 0

I hereby certify I am the Son X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot ____ hold under deed.

Raymond J Gritz X
Signature

CALIF. Burial Permit MUST Accompany cremains

X Raymond J Gritz
Print Name
X 205 Douglas Drive
Address
X Waverly MN 55390
City, State, Zip Code
X (763) 658-3318
Telephone

Invoice # ____

Work Order # E-19814

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

E19814

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-15-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille M. Gritz

in a ASH Burial ☒ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 33 Grave 6 Row _____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund ..... Pre-need Lot	Ø
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-54552	269.26
Balance due	Ø

PAID

JAN 15 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Lucille M. Gritz
Signature

X 6379 Inman St.
Address

X San Diego 92111
City Zip Code

Telephone

Invoice # _____

Work Order # E 16860

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E19814

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

ASH vault IN Grave with John Gritz

Violet [illegible]			X			
				ALMA RUCKER	BEAVERS	

Blind Check Initiated By: KEVIN Date: 7-18-06

Interment space for: Lucille M. Gritz (R)

Interment Date: FRI July 21, 06 Time: 10:30 GS

Div: 7 Sect: 16 Blk/Row: ____ Lot: 33 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morrison Date: 7-18-06

E19814
age 80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LUCILLE	MARY	GRITZ	07/21/1926	07/09/2006	F

5A. PLACE OF DEATH: VIRGINIA

5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE: MINNESOTA

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: RAYMOND S. GRITZ - SON, 205 DOUGLAS DRIVE, WAVERLY, MN 55390

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GREENWOOD MORTUARY - 1-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD 843

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Nia Good

8B. DATE SIGNED: 07/21/2006

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: NIA GOOD 07/21/2006

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2604691 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: -

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: P.O. BOX 85222, SAN DIEGO, CA 92186 5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED: 7/25/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

AT-Need

City of San Diego

Date 7-11-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bernice Gaither #208031

in a Liner (Type of Burial Container) Funeral, date, time Fri July 14 06 1:00

Church, Chapel, Graveside _____ Greenwood 264-3131 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 Terry

will be applied and billed to undersigned

Per Auth. of Daughter C. Arnold 7/12/06

Division 7 Section 14 Blk/Row _____ Lot 11 Grave 1,2,3 Horizontal W+E

Grave space & Care Fund E-3881	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container Liner	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

Pre-Need Trust pd on 6-29-98 E-14440

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I Hereby authorize the interment in lot I hold under deed.

X

Signature

X see attach

Print Name

X for signature

Address

X

City Zip Code

X

Telephone

Invoice # _____

Work Order # E-19815

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

LOT 10 GR #2
E-19815
GAITHER, BERNICE
IS BEING CHANGED to
LOT 11 GR'S 1, 2 + 3
GRAVE #2 LOT 10
NOT AVAILABLE GRAVES
1+3 ENCROACHING

Daughter

Carlean Arnold

619 479-7375 Hm #

619 262-9566 Fax

E19815

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-29-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carlean Arnold for Bernice Gaither

in a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. Per Auth. of Daughter C. Arnold

Lot 11 (MOC) Grave 1,2,3 (MOC) Horizontal W→E Row _____ Section 14 Division/Block 7 7/12/06

Grave space & Care Fund ..... Pre-Need E-3881	-0-
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number R-50141	769.73
Balance due	-0-

PAID
JUL 07 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent *and this is your authority to make disposition of remains as above indicated. I certify and represent* that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Bernice Gaither
Signature

X 4011 GAMMA ST
Address

X SAN DIEGO CA 92113
City Zip Code

X 619-262-9322
Telephone

Invoice # _____

Work Order # E 14440

Acct. # _____

REA-104 (7-96)

This information is available in alternati[illegible]nats upon request.

Printed on recycled paper

E19815

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Liner

		mabel Reed #3	~~Lot 10 #2~~	michel La Bran #1	X	

← canyon Rd →

Blind Check Initiated By: Sandra Date: 7-12-06

Interment space for: Bernice Gaither

Interment Date: FRI July 14, 06 Time: 1:00 Church

Div: 7 Sect: 14 Blk/Row: ____ Lot: ~~10~~ 11 Gr: 1 2 + 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E19815

MT. HOPE CEMETERY

INTERMENT ORDER

AT-Need

City of San Diego

Date 7-11-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bernice Gaither

in a LINER (Type of Burial Container) Funeral, date, time Fri July 14 06 1:00

Church Chapel Graveside Greenwood Terry Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 2B CA

will be applied and billed to undersigned

Division 7 Section 14 Blk/Row Lot 10 Grave 2

Grave space & Care Fund	E-3881	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		0
Burial Container	Liner	0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		0
Sales taxes		0
Pre-need Trust pd on 6-29-98	Total Due	0
E-14440	Paid receipt number	
	Balance due	0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

Signature

X Carleen Arnold
Print name

X Carleen Arnold PO Box 390052
Address

X Carleen Arnold SD 92149
City Zip Code

X 619 479-7375
Telephone

Invoice #

Work Order # E-19815

Acct. #

REAvg4 (3-04)

This information is available in alternative formats upon request.

E19815
age 90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BERNICE	G.	GAITHER	08/07/1915	07/08/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CARLEAN ARNOLD, DAUGHTER P.O. BOX 390052 SAN DIEGO, CA 92149

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE PO BOX 88 SAN DIEGO, CA 92112	FD843	▶ Rebecca D. King	07/12/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	07/12/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-14-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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

Pre-Need Trust

Date 7-12-06

Existing Grave is A DIP Already Sold 8-20-1985

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willa Simon # 218877

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row Lot 32 Grave 5

Grave space & Care Fund E-5175 (DIP)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$533.00
Burial Container Liner	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	$1,094.93
Paid receipt number P-00384	1,094.93
Balance due	0

PAID JUL 12 2006 MOUNT HOPE CEMETERY

I hereby certify I am the Willa M Simon + of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

+Willa M Simon
Signature

+WILLA M SIMON
Print Name

+765 Selma PL.
Address

+SAN DIEGO, CA 92114
City Zip Code

+619 264-7188
Telephone

Invoice #

Acct. #

Work Order # E-19816

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need turned @ need E-17377

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/12/06

PIN# 226097

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth McCollum (X) Fri. July 21, 2006

in a Ash Vault (Type of Burial Container) Funeral, date, time 9:00am

Church, Chapel, Graveside ; Featheringill Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1158 Grave 1 8

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	0
Paid receipt number	
Balance due	

I hereby certify I am the SON X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature X

Maria Dovensky

X WARREN McCollum
Print Name

X 950 E. MARYLYNN CN
Address

X KINGMAN, AZ 86409
City Zip Code

X (928) 692-2564
Telephone

Invoice # _____

Work Order # E-19817

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

on the Trust of Ruth McCallum Pre-need

E19817

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth McCallum

In a FISH VAULT (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Lot 1158 Grave – Row – Section – Division/Block 10

Grave space & Care Fund	E-6794	Ø
Additional spaces and care fund		—
Opening/Closing & Setup	PAID	105.00
Burial Container		55.00
Handling Fees	OCT 16 2002	60.00
Flower vases – Marker	MT. HOPE CEMETARY	
Recording and filing fee	CITY OF SAN DIEGO, C	45.00
Sales taxes		4.26
Total Due		269.26
Paid receipt number R-55513		269.26
Balance due		Ø

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Chris H. Bailey

Address

City Zip Code

Telephone

Invoice #

Work Order # E 17377

Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E19817

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

ASH VAULT

			GARCIA			
	SALISBURY		X	CHARLES WILLIAMS		
		HUTCHINSON	MOORE	TAYLOR		

Blind Check Initiated By: KEVIN Date: 7-18-06

Interment space for: RUTH McCOLLUM

Interment Date: 7-21-06 Time: 9AM

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1158 Gr: ____

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 7-18-06

E19817

age 87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RUTH	MAURINE	MCCOLLUM	09/19/1918	03/21/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Tempe	AZ	Warren T McCollum, son 950 E. Mary Lynn Lane Kingman, AZ 86409

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Bl., San Diego, CA 92115	FD 1083	▶ [signature]	07/13/2006

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/14/2006 C. NAGGARD	2604645 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	PO Box 85222, San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-21-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACIL ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E19817

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RUTH	MAUREEN	MCCOLLUM	09/19/1918	03/21/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Tempe	AZ	Warren T McCollum, son 950 E. Mary Lynn Lane Kingman, AZ 86409

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Bl., San Diego, CA 92115	FD 1083	▶	07/13/2006

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/14/2006 C. MAGGARD	2604645 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
–	PO Box 85222, San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-1-06	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 CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT-Need
(NON-RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-12-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Corine Smith #230309

in a Liner (Type of Burial Container) Funeral, date, time Mon July 17, 06 11:00

Church, Chapel, Graveside ; CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00 will be applied and billed to undersigned. Shirley Lacky X

Division 12 Section 1 Blk/Row Lot 150 Grave 5

Grave space & Care Fund	$3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container Liner	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	$4,465.82
Paid receipt number pd by m/c	$4,465.82
Balance due	0

PAID
JUL 13 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Daughter X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Shirley Lacky X
Signature

David Lugo (Over)

#230310
X Shirley LACKEY
Print Name
X 2033 TERRACEWA CIR
Address
X Spring Valley CA 91977
City Zip Code
X 619 697-7511
Telephone

Invoice # _____

Work Order # E-19818

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

7-12-06
Per David Lugo this lot was given to family from a hold position. This lot was on a 30 day hold for another family. Per David Lugo lot given to this family of course Smith.

David Lugo

19818

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Liner

		ROBERTS				
	MORGAN		X		RUDOLPH	
		BRYANT	BURSOR	WALKER		

Blind Check Initiated By: KEVIN Date: 7-14-06

Interment space for: Corine Smith

Interment Date: MON July 17, 06 Time: 11:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 150 Gr: 5

Grave Laid out by: KENNETH COLLINS

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

FLAG ON GRAVE

Blind Check & Verified By: DARREYL Date: 7-14-06

E19818

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 84

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CORINE	-	SMITH	06/06/1922	07/10/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHIRLEY LACKEY, DAUGHTER 2033 TERRACINA CIRCLE SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	Victoria Mitchell	7/17/06

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	07/17/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S)

BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 7-17-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kum F. Jenny	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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 (Res)

Date 7-13-06

230303

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arleigh Yewchan 10:00 A.m

In a DD Crypt B (Type of Burial Container) Funeral, date, time Fri July 14, 06

Church, Chapel, Graveside witness only. Humphey Kyle 425-9111 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. A- [illegible] X

*Division 12 Section 3 Blk/Row _____ Lot 110 Grave 12 B

Grave space & Care Fund E-8929 (1990) 0

*Overtime/Late Arrival Fees _____

Opening/Closing & Setup $533.00

Burial Container DD crypt B 0

Handling Fees 0

Flower vases – Marker setting fee 0

Recording/Filing/Transfer Fees $65.00

Sales taxes 0

Total Due $598.00

Paid receipt number pd by M/C 598.00

Balance due 0

PAID JUL 13 2006 MOUNT HOPE CEMETERY

I hereby certify I am the Friend X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

R10 19820

I hereby authorize the interment in lot I hold under deed.

Achim von Kapff X (Signature)

X Achim von Kapff (Print Name)

X 837 Calle Lagasca (Address)

X Chula Vista 91910 (City, Zip Code)

X 619-421-3633 (Telephone)

Achim Von Kapff
837 Calle Lagasca
Chula Vista, CA 91910

Invoice # _____

Work Order # E-19819

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19819

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 05-31-07 R0952654 CLASS:C

ARLEIGH YENCHAN
3421 GOLDFINCH ST
SAN DIEGO CA 92103

SEX:F HAIR:WHT
HT:5-02 WT:085 DOB:05-31-14

RSTR: CORR LENS 02

A'g Leigh Yenchan

06/30/2006 506 39/A8 FD/10

E19819

~~MT. HOPE CEMETERY~~

INTERMENT ORDER

City of San Diego

Date 8-21-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Allen Yewchan

in a Double Depth Crypt (Vault/Liner) Funeral, date, time 8/23 Thurs. 10 AM

Church, Chapel, Graveside Del Only ; Humphrey (Robert Humphrey) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 110 Grave 12 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	23.93
Total Due	1523.93
Paid receipt number #39649	1523.93
Balance due	0

Pd In full

30 day Note 1523.93 0

8-28-90 #39649 Bal due

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Arleigh Yewchan
Signature

3421 Goldfinch St.
Address

Ca. 92103
State Zip Code

297-1538
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8929

PY-693 (REV. 8-85)

E19819

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

DD CrypTB 2nd Burial

			JESUS GUERRO	MARGIE MANICAV		
		LORENE JORDAN	X	ANNA CALL		
	GIANNETTO	LOVE				

SPRINKLER LINE

Blind Check Initiated By: KEVIN Date: 7-13-06

Interment space for: Arleigh Yewchan

Interment Date: Fri July 14 06 Time: 10:00 A.m wittness only

Div: 12 Sect: 3 Blk/Row: ____ Lot: 110 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 7-13-06

age 92 E19819

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARLEIGH	-	YEWCHAN	05/31/1914	07/02/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ACHIM VONKAPFF, TRUSTEE 837 CALLE LAGASCA CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964		07/13/2006

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	07/13/2006	NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-14-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kurt F. Jensen	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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.)

Ashes will be IN casket with Arleigh yewchan And INTer e The same Time

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-13-06

#230323

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Klara Franzke (X)

in a NO ASH VAULT Reg (Type of Burial Container) Funeral, date, time Fri July 14, 06

Church, Chapel, Graveside Witness ONLY ; Humphey Kyle 425-9111 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. Achim von Kapff X

Division 12 Section 3 Blk/Row _____ Lot 110 Grave 12 C

Grave space & Care Fund E-8929 (1990)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	Ø
Burial Container ..... NO ASH VAULT Reg - decease will be placed IN	Ø
Handling Fees ..... casket OF Arleigh yewchan	Ø
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	$65.00
Sales taxes	Ø
Total Due	$65.00
Paid receipt number pd by M/C	$65.00
Balance due	Ø

PAID

JUL 13 2006

MOUNT HOPE CEMETERY

Burial permit must accompany decease OF Time OF INTermenT

I hereby certify I am the Achim von Kapff X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

R/O E-19819

I hereby authorize the interment in lot I hold under deed.

Achim von Kapff X
Signature

X Achim von Kapff
Print Name

X 837 Calle Lagasca
Address

X Chula Vista 91910
City Zip Code

X 619-421-3633
Telephone

Achim Von Kapff
837 Calle Lagasca
Chula Vista, CA 91910

Invoice # _____

Work Order # E-19820

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19820

Certificate of Proof of Death

Name: Klara Franzke

Address: 1510 St. Joseph Blvd., Orleans, Ontario S.I.N. 416 885 606

Place of Birth: Berlin, Germany Date of Birth: July 22, 1911

Place of Death: Deceased Residence, Orleans, Ontario Date of Death: September 24, 2002

Cemetery: Beechwood Crematorium , Ottawa, Ontario Date of Disposition: October 2, 2002

Next of Kin: Mrs. Arleigh Yewchan Relationship: Sister

Address: 3421 Goldfinch Street, San Diego, California, USA 92103-3829

Father's Name: Franzke, Emil Mother's Name: Bukowski, Anna

Dated at Ottawa, Canada June 24, 2003

We hereby certify that the above information has been taken from our records and we believe it to be true and correct.

Susan Leduc

KELLY FUNERAL HOMES
OTTAWA - CANADA
613-235-6712

KELLY
FUNERAL HOMES AND CHAPELS

Orleans/Gloucester	Ottawa South/Ottawa Sud	Centre Town/Centre Ville	Ottawa West/Ottawa Ouest	Kanata	Nepean	Gatineau, Québec
2370 ST. JOSEPH	1255 WALKLEY	585 SOMERSET	2313 CARLING	580 EAGLESON	3000 WOODROFFE	1077 CLARENDON
Graeme Cowie	Peter Draper	Lorne Kelly	John Laframboise	Richard Nolan	Peter Vallee	Tom Bigelow

E19820

Cimetière
Beechwood
Cemetery

since 1873 • depuis 1873

CERTIFICATE OF CREMATION
CERTIFICAT D'INCINERATION

CREMATION NO. D'INCINERATION
71833

Name
Nom KLARA FRANZKE

Late Residence
Adresse du deces 1510 ST. JOSEPH BLVD., ORLEANS, ONTARIO

Place of Death
Lieu du deces OTTAWA, ONTARIO

Age 91

Date of Death
Date de deces 24-Sep-02

Date of Cremation
Date de l'incineration 04-Oct-02

Disposition of Cremated Remains
Les restes incineres ont ete RETURNED TO KELLY FUNERAL HOME

I CERTIFY THE ABOVE TO BE A TRUE EXTRACT FROM THE ORIGINAL REGISTER OF CREMATIONS IN MY CUSTODY.

JE DECLARE QUE CE QUI PRECEDE EST UNE TRADUCTION FIDELE DES REGISTRES SOUS MA GARDE.

Dated at Ottawa on this day, the
Donne a Ottawa le *11-Nov-02*

GENERAL MANAGER
DIRECTEUR GENERAL

280, *avenue* Beechwood Avenue • P.O. Box/*Case Postale* 7025, Ottawa, Ontario K1L 8E2
Tel/*Téléphone* (613) 741-9530 Fax/*Télécopieur* (613) 741-8584 • www.beechwoodcemetery.com

E19820
age 91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KLARA	–	FRANZKE	07/22/1911	09/24/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ONTARIO	CANADA	ACHIM VON KAPFF(TRUSTEE) 837 CALLE LAGASCA CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY CHULA VISTA, CA 91910	FD-964	▶	07/12/2006

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	7/12/2006	2006162C SANDRA PENA ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
–	SAN DIEGO CO: P.O. BOX 85222 SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-14-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Kamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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

Pre-Need
Lots Only
(SD RES)

City of San Diego

Total of 7 Lots

Date 07-12-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maxine Snyder Pin# 230297

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 3 Section 2 Blk/Row _____ Lot 21 Grave 1,2,3,4,5,6,8

Grave space & Care Fund ..... 7 Lots @ 2,264.00 ..... $15,848.00

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

PAID
JUL 12 2006
MOUNT HOPE C

Total Due $15,848.00

OK Per David Lugo

Paid receipt number Pd by phone w/visa $15,848.00

Balance due Ø

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X
Signature

David Lugo

Work Order # E-19821

Maxine Snyder
Print Name

7280 Romero Drive
Address

La Jolla, CA 92037
City Zip Code

Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pd by phone for Rose Matosian
Snyder for 1-canopy $65.00
extra chairs $65.00
another canopy $46.42
and 7
Lots @
$2,264.00
each
for
Maxine Snyder

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

E-19821
DATE: 07/12/06 TIME: 15:22:19
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

OK Per David
Lugo

REF: 0003
BATCH: 136
CD TYPE: VISA
TR TYPE: PR

TOTAL: $16024.42M

ACCT: **********3341 EXP: ****
AP: 072138 AVS: ZIP MATCH
V-CODE MATCH

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Customer Copy

E19821

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00386

Date: 07-12-06, 20 06

From: Maxine Snyder Address: 7280 Romero Drive La Jolla, Ca. 92037

Fifteen Thousand Eight hundred and Forty-Eight Dollars &no Cents Dollars ($ 15,848.00)

in Full Payment of Pre-Need Services for Maxine Snyder (7 Lots Only) Purchased of

Div 3 Sec 2 Blk/Row Lot 21 Grave 1,2,3,4,5,6,8

Invoice No. E-19821

Acct. No.

W.O.

BALANCE DUE

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

David Lugo

ISSUED BY

CREDIT	67007	$3,169	60
20% Sales Care	77184		
Pre-Need	63033	$12,678	40
Trust	77186		
TOTAL PAID		$ 15,848	00

Pd by Phone with Visa

☒ Pre-Need Lot ☐ Money Order
☐ Pre-Need Trust ☒ Charge
☐ Check

AC-212 (11-05)
This information is available in alternative formats upon request.

E19821

Pd by phone for Rose Matosian
Snyder for 1-canopy $65.00
extra chairs $65.00
another canopy $46.42
and 7
Lots @
$2,264.00
each
for
Maxine Snyder

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 07/12/06 TIME: 15:22:19
MERH: 322156665644 STRH: 4301 TERH: 0002
S-A-L-E-S D-R-A-F-T

OK Per David
Lugo

REF: 0003
BATCH: 136
CD TYPE: VISA
TR TYPE: PR

TOTAL: $16024.42M

ACCT: **********3341 EXP: ****
AP: 072638 AVS: ZIP MATCH
V-CODE MATCH

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X_____
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E19821

65.00 Canopy
65.00 Chair
$ 46.42 Canopy

$ 176.42

7 Lots @ $2,264.00 Each
15,848
+ 176.42
16,024.42

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need
RES
to add-need

Date 7-14-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Phyllis E. Shaw #230299

in a TS vault (Type of Burial Container) Funeral, date, time Aug 16th Wed 10:00

Church, Chapel Graveside ; Mayer Mortuary. Monica 619 281-7055

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ $213.00 will be applied and billed to undersigned Laurie Shaw

Division 12 Section 2 Blk/Row ____ Lot 161 Grave 6

Grave space & Care Fund ..... LOT	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 15	$533.00
Burial Container ..... TS Vault	$355.00
Handling Fees ..... WO#5082	$263.00
Flower vases - Marker setting fee $178.00 Trion $65.71	$243.71
Recording/Filing/Transfer Fees	$65.00
Sales taxes	$27.51
Total Due	$3,751.22
Paid receipt number pd by m/c $3,751.22	
Balance due	0

PAID JUL 14 2006 MOUNT HOPE CEMETERY

I hereby certify I am the Daughter X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#230300

I hereby authorize the interment in lot I hold under deed.

Laurie Shaw X
Signature

X Laurie Shaw
Print Name

X 2851 Ivy ST
Address

X San Diego 92104
City Zip Code

619-595-1438
Telephone

Gary Petill
Denise Bookas
Dawn Farrell Suzie Silva
co purchaser

Invoice # ____

Work Order # E-19822

Acct. # ____

REA-104 (3-04) Marie Aud 7-17-06 This information is available in alternative formats upon request.

Printed on recycled paper

E19822

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 06-07-10 C2054363 CLASS: C

LAURIE JEAN SHAW
2851 IVY ST
SAN DIEGO CA 92104

SEX: F HAIR: BLN
HT: 5-05 WT: 128 DOB: 06-07-59

05/19/2006 506 22 FD/10

E19822

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 07/14/06 TIME: 12:58:25
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 13B
CD TYPE: MC
TR TYPE: PR

TOTAL: $3751.22

ACCT: **********5996 EXP: ****
AP: 143627
NAME: LAURIE SHAW
CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X Laurie Shaw
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

pre-need LOT + Trust
E-19822
For Phyllis E. Shaw
Div 12 Sec 2 LOT 161
GR 6

~~Owe~~
owner
Laurie Shaw

E19822

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Top Seal Vault

	Jestak		X			
		Murphy		Barnes	Johnson	

Flagged **Yes** ✓ **No** ____

Blind Check Initiated By: Paulette Crawford Date: 8-14-06

Interment space for: Phyllis E. Shaw

Interment Date: Weds. Aug 16 Time: 10:00 G.S.

Div: 12 Sect: 2 Blk/Row: ____ Lot: 161 Gr: 6

Grave Laid out by: Noem & Ken

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-14-06

CREMAINS WERE PLACED ____

E19822
age 83

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PHYLLIS	E.	SHAW	10/04/1923	08/11/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DENISE BOOKAS, DPOAHC 3744 ARNOLD AVE. #3 SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	FD1424	▶ [signature]	08/15/2006

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	08/16/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST,, SAN DIEGO, CA 92102	11B. DATE BURIED 8-16-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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.)

Low Income

MT-Need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/14/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty Jenkins

in a Liner (Type of Burial Container) Funeral, date, time Tues, July 18, 2006

Church, Chapel, Graveside _____ Preffered Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container Liner	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.46
Total Due	1,679.46
Paid receipt number _____	
Balance due _____	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E-19823

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need
so At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Jon grave of Frankie Dewberry

Date 7/14/06

15 CHAIRS

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LaVerney Crenshaw Rin 230595

in a ashvault Funeral, date, time Friday Dec 29th

Type of Burial Container

Church, Chapel, Graveside Colbert : Family Mortuary 10:00

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 14 Blk/Row _____ Lot 129 Grave 1

Grave space & Care Fund B-7128 (1961)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number P-00400	510.06
Balance due	Ø

PAID
JUL 20 2006
MOUNT HOPE CEMETERY

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Signature

Rin 230596

X Margaret Avery
Print Name

2807 Pelham Pl
Address

Hollywd, CA. 90068
City Zip Code

daughter
Relationship

(323) 461-9700
Telephone

Invoice # _____

Acct. # _____

Work Order # E-19824

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Mt. Hope Cemetery
3751 Market St.
San Diego, CA. 92102

E19824

Enclosed please find payment of
$510.06 requested for

- Ash vault
- Ground preparation & burial
- Reset of headstone

Payment is for LaVerne Crenshaw.
Family will hand carry ashes to you.

Thank you,
Margaret Avery
323-461-9700

P.S. Please send receipt

P.O. BOX 3493
Hollywd, CA. 90078-3493

Dewberry, Frankie is her ~~cous~~ niece
Brooks, Ruth is her cousin

E 19824

MT. HOPE CEMETERY- CITY OF SAN DIEGO
DECLARATION OF RIGHT TO INTER

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 7 Section 14 Lot 129 Grave 1

2. My legal authority to the above property is based on the following facts: I'm Minnie Ruth Brooks (Booker) Daughter Patricia Gail Brooks (Tims) and my Sister Marjorie Ann Brooks (Bolden) Giving permission to bury LaVern Crenshaw remains in this grave site noted above

3. I have presented the following evidence to support the above facts.
I have Birth Cert & Death Cert.

DL

Rev. 08/05

E19824

FOR OFFICE USE ONLY

Witnessed:

Signed on July 14 (Date), 2006 in San Diego (City)

Signature Maria F. Dowsky Print Full Name Maria F. Dowsky

Documents Presented:

_____

_____

_____

Processed by: _____

Approved by Cemetery Manager: _____

Transfer allowed: Yes _____ **No** _____

If no, reason:

_____

_____

_____

Resident Fee
Transfer fee paid ($65.00) _____ Resident Fee **New Deed Issuance Paid** ($65.00) _____

Transfer Fee Non-Resident ($85.00) _____ New Deed Issuance Paid Non-Resident ($85.00) _____

E19824

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 07-14 (Date), 2006 in SAN DIEGO (City)

Signature Patricia Gail Tims Print Full Name PATRICIA GAIL TIMS

To have deed sent to you, fill in your mailing address here:

Full Name _____

Address _____

City, State & Zip Code _____

4. **The Last Step:** To finish transfer of ownership, you must **EITHER**:

(1) File this form with the Mt. Hope Cemetery Administrative Office; **OR**

(2) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102. (RES)

(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. (RES)

5. **Notarization:** Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of _____

County of _____ ss.

On this _____ day of _____ in the year _____, before me _____

personally appeared _____, 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

E19824

MT. HOPE CEMETERY- CITY OF SAN DIEGO
DECLARATION OF RIGHT TO INTER

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 7 Section 14 Lot 129 Grave 1

2. My legal authority to the above property is based on the following facts: Ruth M. Brooks is my mother. She remarried and became Minnie Ruth Booker. This grave was purchased for my grandmother Frankie Dewberry by my mother, Ruth Brooks. My mother died September 5, 2001. She has two heirs - Marjorie A. Brooks (Bolden) and Patricia Gail Brooks (Tims). We would like to take over the ownership of this grave. We would like to give authority to have our Cousin Laverne Crenshaw remains to be buried in gravesite division 7, section 14, lot 129, grave one.

3. I have presented the following evidence to support the above facts.

Attached are copies of the obituary from Funeral Home, Article as it appeared in the San Diego Union newspaper and my birth certificate. I do not have a copy of the death certificate at this time. Order has been placed with vital check Network and I should receive in the next 10 days. See attached copy.

E19824

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 7/13/06 (Date) in Silverdale, WA (City)

Signature Marjorie A Bolden Print Full Name MARJORIE A. Bolden

To have deed sent to you, fill in your mailing address here:

Full Name Marjorie A. Bolden
Address 500 National Ave N. #12
City, State & Zip Code Bremerton, WA 98312

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. (RES)
(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. (RES)

5. **Notarization:** Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of Washington
County of Kitsap ss.

On this 13 day of July in the year 2006 before me Jennifer Marie Crossett personally appeared Marjorie A Bolden 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.

JENNIFER MARIE CROSSETT
STATE OF WASHINGTON
NOTARY PUBLIC
MY COMMISSION EXPIRES 10-01-08

Jennifer Marie Crossett
Notary Public

E19824

FOR OFFICE USE ONLY

Witnessed

Signed on _____ (Date) _____ In _____ (City) _____

Signature _____ _____ Print Full Name _____

Documents Presented:

_____

_____

_____

Processed by: _____

Approved by Cemetery Manager: _____

Transfer allowed: Yes _____ **No** _____

If no, reason:

_____

_____

_____

Transfer fee paid ($65.00) _____ Resident Fee **New Deed Issuance Paid ($65.00)** _____ Resident Fee

Transfer Fee Non-Resident ($85.00) _____ New Deed Issuance Paid Non-Resident ($85.00) _____

#19824

STATE OF CALIFORNIA

SAN DIEGO COUNTY RECORDER

CERTIFIED ABSTRACT OF BIRTH

This is to certify that the document is a true abstract of the official record filed with the County Recorder

NAME: MARJORIE ANN BROOKS

DATE OF BIRTH: FEBRUARY 1[illegible], 1951 SEX: FEMALE

COUNTY OF BIRTH: SAN DIEGO

BIRTH NAME OF MOTHER: MINNIE DEWBERRY

NAME OF FATHER: GEORGE WILLIE BROOKS

DATE FILED: FEBRUARY 16, 1951 DATE ISSUED: AUGUST 27, 1998

LOCAL REGISTRATION NUMBER: 0C1617

1102730

JUL 13 2006 17:43 FR TO 16195273403 P.05/07

E19824

Now, this is what the Lord says, "Fear not, for I have redeemed you; I have summoned you by name; you are mine. When you pass through the waters, I will be with you; and when you pass through the rivers, they will not sweep over you. When you walk through the fire, you will not be burned; the flames will not set you ablaze. For I am the Lord, your God, the Holy One of Israel, your Savior."

Isaiah 43:1-3

If I Could But Live Again
I would gaze at sunsets longer
Hold babies tighter love without reason
And give without taking
I would seek only truths, walk in the rain more often
Surround myself with loved ones
And sing only happy songs.
I would finger a rose longer.
See what there is to see, feel and cry less tears.
I would never look back, my thoughts only forward would travel I would do and do and do and
never, never look at a clock.

Final Arrangements Entrusted To:
Anderson-Ragsdale Mortuary
"Fourth Generation In The Mortuary Profession"
5050 Federal Boulevard San Diego, California 92102
619-263-3143

In Loving Memory
of

Minnie Ruth Booker
Sunrise: March 2, 1916 ~ Sunset: September 5, 2001

Funeral Services
Tuesday, September 11, 2001 ~ 11:00 A.M.

Pilgrim Progressive Baptist Church
4935 A Street
San Diego, California

Dr. Joseph Foxworth, Officiating

JUL 13 2006 17:43 FR TO 16195273403 P.06/07

E19824

Obituary

"Peace I leave with you, my peace I give unto you."
"Let not your heart be troubled."
John 14:1, 27

Minnie "Ruth" Booker was born March 2, 1916 in Jacksonville, Texas to the late J. R. and Francie Dewberry. She was the second of three children. She was preceded in death by her sister, Marjorie B. Graves and brother, J. R. Dewberry. She received her formal education in the public school system in Idabel. Minnie confessed Christ at an early age and was baptized at Pleasant Grove Baptist Church in Idabel, Oklahoma.

She was joined in holy matrimony to George W. Brooks and to this union two daughters were born, Patricia and Marjorie. In later years, she was united in marriage to Leroy Booker.

The family moved to San Diego, California in 1943 and united with Calvary Baptist Church under the pastorage of the late Rev. N.E. Taylor. In 1980, Ruth changed her membership to Pilgrim Progressive Baptist Church under the leadership of the late Rev. Marvin C. Hines. Ruth was an active participant in her church, serving with love and diligence as Mother of the Hospitality Committee. She was a faithful member of the Missionary Society and until her health failed, was serving as Mother of the Church. She was an active member of the Homeless Ministry, noted for baking her famous german chocolate cakes. One Thanksgiving, she and Bro. Booker baked some 500 muffins and was insulted if he was not requested to bake even when she was ill. Her potluck dish was pineapple upside down cake. Ruth was also a faithful member of Sunday School Class No. 7.

Ruth had a quiet gentle voice, was a lovable character and a person everyone chose to have as a friend and willing to be a friend to all. She never pushed herself forward, but always stayed in the background working and praying and doing whatever she was called upon to do.

She was employed at Shiriners Hospital for twenty-one years of faithful service.

On Wednesday, September 5, 2001, Minnie "Ruth" Booker was called home to rest. She will be greatly missed by her loving husband, Leroy Booker; daughters, Patricia Gail Tims of San Diego, CA and Marjorie L. Bolden of Bremerton, WA; stepson, Leroy Booker, Jr.; grandchildren, Patrick Brooks, Lamar Brooks, James Tims and Darrell R. Hawkins; great-grandchildren, Jasmine Brooks and Alexus Hawkins; and a host of cousins, friends and her church family.

Order of Service

Processional
Selection ..... Charles Ray Warren
Scripture Reading ..... Rev. Floyd Brown
Old Testament
New Testament
Prayer
Selection ..... James Tims
Reflections ..... Please limit to two minutes
Acknowledgment of Condolences
Resolutions ..... Sis. Lillian Schilling
Obituary ..... Margaret Avery
Selection ..... Pastor Joseph Foxworth
Eulogy ..... Pastor Joseph Foxworth
Parting View
Recessional

Interment

Mt. Hope Cemetery
San Diego, California

Pallbearers

Leroy Booker, Jr.
Tony Hogan
Sylvester Clark
Alphonso Bolden
A. C. Whitfall
Willie Washington

Honorary Pallbearers

Vincent Barker
Lamar Brooks
James A. Tims
Mitch Brown
Deacons of Pilgrim Progressive Baptist Church

Acknowledgment

The family wishes to acknowledge with deep appreciation the many comforting messages, floral tributes, prayers, and the many other expressions of kindness and concern shown them in their time of bereavement.

SD. Union

Viewpoint

E19824

ES

CARLITA BAJET
April 1, 1958-Sept. 6, 2001

Carlita Bajet, 43, of San Diego died Thursday. She was born in the Philippines. Mrs. Bajet was a real estate broker.

Survivors include her sons, James Bajet of Pennsylvania and Alfred and Edward Bajet of San Diego; sister, Luzviminda Dangle of the Philippines; brother, Constantine Velasco of the Philippines; and five grandchildren.

Visitation: 4 p.m. to 8 p.m. tomorrow and Tuesday, El Camino Chapel, 5600 Carroll Canyon Road, San Diego.

Services: 10 a.m. Wednesday, Good Shepherd Catholic Church, 8200 Gold Coast Drive, San Diego.

Arrangements: El Camino Mortuary

HAZEL G. BIGGIN
Sept. 9, 1912-Sept. 5, 2001

Hazel G. Biggin, 88, of Chula Vista died Wednesday. She was born in Pennsylvania. Mrs. Biggin was a librarian for the Chula Vista Library.

Survivors include her daughter, Elizabeth C. Moechetti of Chula Vista; son, John Biggin of Hoopa; five grandchildren; and eight great-grandchildren.

Private services were planned.

Donations: Alzheimer's Association.

Arrangements: Greenwood Mortuary.

MINNIE RUTH BOOKER
March 2, 1916-Sept. 5, 2001

Minnie Ruth Booker, 85, of San Diego died Wednesday. She was born in Jacksonville, Texas. Mrs. Booker was a nurse.

Survivors include her husband, Leroy Booker Sr.; daughter, Patricia Tims of San Diego and Marjorie Bolden of Bremerton, Wash.; stepson, Leroy Booker Jr. of San Diego, five grandchildren, and six great-grandchildren.

Visitation: 5 p.m. to 8 p.m. tomorrow, Anderson-Ragsdale Mortuary, 5050 Federal Blvd., San Diego.

Services: 11 a.m. Tuesday, Pilgrim Progressive Baptist Church, 4085 A St., San Diego.

BARBARA JANE BROYLES
April 30, 1931-Sept. 6, 2001

Barbara Jane Broyles, 70, of Spring Valley died Thursday. She was born in San Diego. Mrs. Broyles was a homemaker.

Survivors include her daughters, Barbara Jean Hartwig and Debra Diamond; sons, River Walter Broyles III and Danny Dick Broyles; 11 grandchildren, and six great-grandchildren.

No services were planned.

Arrangements: San Diego Cremation Service.

JOHN J. CALABRIA
June 24, 1919-Sept. 6, 2001

John J. Calabria, 88, of Chula Vista died Thursday. He was born in Sandusky, Ohio. Mr. Calabria was an accountant and a member of St. Pius X Catholic Church.

Survivors include his wife, Camille F. Calabria; daughter, Marie A. Michla of Chula Vista; son, John E. Calabria of Westminster; six grandchildren; and eight great-grandchildren.

Visitation: 4 p.m. to 9 p.m. Tuesday, with rosary at 7 p.m. Clea Abbey Little Chapel of the Roses, 3838 Bonita Road, Bonita.

Services: 11 a.m. Wednesday, St. Pius X Catholic

SEE Obituaries, B8

Minnie Ruth Booker
March 2, 1916 – September 5, 2001

Minnie "Ruth" Booker was born March 2, 1916 in Jacksonville, Texas to the late J. R. and Frankie Dewberry. She was the second of three children. She was preceded in death by her sister, Marionie B. Graves and brother, J R. Dewberry. She received her formal education in the public schools system in Idabel, Oklahoma.

She was joined in holy matrimony to George W. Brooks and to this union two daughters were born, Patricia and Marjorie. In later years, she was united in marriage to Leroy Booker.

The family moved to San Diego, California in 1943 and united with Calvary Baptist Church under the pastorage of the late Rev. N.E. Taylor. In 1980, Ruth changed her membership to Pilgrim Progressive Baptist Church under the leadership of the late Rev. Marvin C. Hines. Ruth was an active participant in her church, serving with love and diligence as Mother of the Hospitality Committee. She was a faithful member of the Missionary Society and until her health failed, was serving as "Mother of the Church". She was an active member of the Homeless Ministry, now for baking her famous german chocolate cakes. One Thanksgiving, she and Bro. Booker baked some 500 muffins and was insulted if she was not requested to bake even when she was ill. Her potluck dish was pineapple upside down cake. Ruth was also a faithful member of Sunday School Class No. 7.

Ruth had a quiet gentle voice, was a lovable character and a person everyone chose to have as a friend and willing to be a friend to all. She never pushed herself forward, but always stayed in the background working and praying and doing whatever she was called upon to do.

She was employed at Sharp Hospital for twenty-one years of faithful service.

On Wednesday, September 5, 2001, Minnie "Ruth" Booker was called home to rest. She will be greatly missed by her loving husband, Leroy Booker; daughters, Patricia Gail Tims of San Diego, CA and Marjorie A. Bolden of Bremerton, WA; stepson, Leroy Booker, Jr.; grandchildren, Patrick Brooks, Lamar Brooks, James Tims and Farrah R. Hawkins; great-grandchildren, Jasmine Brooks and Alexus Hawkins; and a host of cousins, friends and her church family.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLYNO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 1/00)

STATE FILE NUMBER: 3 200137 013813

LOCAL REGISTRATION NUMBER: E19824

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): Minnie
2. MIDDLE: R.
3. LAST (FAMILY): Booker
4. DATE OF BIRTH MM/DD/CCYY: 03/02/ 1916
5. AGE (YRS.): 85
6. SEX: F
7. DATE OF DEATH MM/DD/CCYY: 09/05/2001
8. HOUR: 0415
9. STATE OF BIRTH: TX
10. SOCIAL SECURITY NO.: 449-34-4986
11. MILITARY SERVICE: ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS: Married
13. EDUCATION—YEARS COMPLETED: 12
14. RACE: African/American
15. HISPANIC—SPECIFY: ☐ YES ☒ NO
16. USUAL EMPLOYER: Sharp Memorial Hospital
17. OCCUPATION: Nurse
18. KIND OF BUSINESS: Health Care
19. YEARS IN OCCUPATION: 21

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION): 5012 Elm St.
21. CITY: San Diego
22. COUNTY: San Diego
23. ZIP CODE: 92102
24. YRS IN COUNTY: 58
25. STATE OR FOREIGN COUNTRY: California

INFORMANT

26. NAME, RELATIONSHIP: Leroy Booker, Husband
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 5012 Elm St.; San Diego, CA 92102

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: Leroy
29. MIDDLE: -
30. LAST (MAIDEN NAME): Booker
31. NAME OF FATHER—FIRST: James
32. MIDDLE: Robert
33. LAST: Dewberry
34. BIRTH STATE: TX
35. NAME OF MOTHER—FIRST: Frankie
36. MIDDLE: -
37. LAST (MAIDEN): Templeton
38. BIRTH STATE: TX

DISPOSITION(S)

39. DATE MM/DD/CCYY: 09/11/2001
40. PLACE OF FINAL DISPOSITION: Mt. Hope Cemetery; 3751 Market St.; San Diego, CA 92102

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): BU
42. SIGNATURE OF EMBALMER: Haswell H. Ragsdale III
43. LICENSE NO.: 7639
44. NAME OF FUNERAL DIRECTOR: Anderson-Ragsdale Mortuary
45. LICENSE NO.: FD-1329
46. SIGNATURE OF LOCAL REGISTRAR: George R. Flores MD
47. DATE MM/DD/CCYY: 09/10/2001

PLACE OF DEATH

101. PLACE OF DEATH: San Diego Hospice
102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA
103. FACILITY OTHER THAN HOSPITAL: ☐ CONV. HOSP ☐ RES. CARE ☒ OTHER
104. COUNTY: San Diego
109. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 4311 Third Avenue
108. CITY: San Diego

CAUSE OF DEATH

I059
I059

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

IMMEDIATE CAUSE (A) Congestive Heart Failure — TIME INTERVAL BETWEEN ONSET AND DEATH: Years

DUE TO (B) Mitral Valve Disease — Years

DUE TO (C)

DUE TO (D)

108. DEATH REPORTED TO CORONER: ☐ YES ☒ NO — REFERRAL NUMBER
109. BIOPSY PERFORMED: ☐ YES ☒ NO
110. AUTOPSY PERFORMED: ☐ YES ☒ NO
111. USED IN DETERMINING CAUSE: ☐ YES ☒ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: None

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: Mitral Valve Replacement Date Unknown

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWL. SOME DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY: 09/02/2001 — DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 09/04/2001
115. SIGNATURE AND TITLE OF CERTIFIER: Daurie Smithline MD
116. LICENSE NO.: A49844
117. DATE MM/DD/CCYY: 09/06/2001
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: Daurie Smithline, MD; 4311 3rd Ave. San Diego, CA 92103

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED
120. INJURY AT WORK: ☐ YES ☒ NO
121. INJURY DATE MM/DD/CCYY
122. HOUR
123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)
126. SIGNATURE OF CORONER OR DEPUTY CORONER
127. DATE MM/DD/CCYY
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

A | B | C | D | E | F | G | H

FAX AUTH. #: 2115078

CENSUS TRACT

A738373

County of San Diego - Department of Health Services – 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: January 04,2002

GEORGE R. FLORES, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

ANY ALTERATION OF ENGRAVED WORDING ON THIS CERTIFICATE

E19824

CERTIFICATE OF LIVE BIRTH

8003 9714

STATE OF CALIFORNIA — DEPARTMENT OF PUBLIC HEALTH

(LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER)

1a. NAME OF CHILD — FIRST NAME: PATRICK	1b. MIDDLE NAME: EUGENE	1c. LAST NAME: BROOKS	
2. SEX: Male	3a. THIS SINGLE, TWIN, OR TRIPLET: Single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD:	3c. DATE OF BIRTH — MONTH, DAY, YEAR: June 15, 1968
4a. HOUR: 5:45 A	5a. PLACE OF BIRTH — NAME OF HOSPITAL: Mercy Hospital	5b. STREET ADDRESS (STREET AND NUMBER, OR LOCATION): 3077 Fifth Avenue	5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
5d. CITY OR TOWN: San Diego	5e. COUNTY: San Diego		
6a. MAIDEN NAME OF MOTHER — FIRST NAME: Patricia	6b. MIDDLE NAME: Gail	6c. LAST NAME (MAIDEN SURNAME): Brooks	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 19 YEARS	9. COLOR OR RACE OF MOTHER: Negro	10a. RESIDENCE OF MOTHER — STREET ADDRESS (STREET AND NUMBER, OR LOCATION): 5012 Elm Street	10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
10c. RESIDENCE OF MOTHER — CITY OR TOWN: San Diego 92102	10d. RESIDENCE OF MOTHER — COUNTY: San Diego	10e. RESIDENCE OF MOTHER — STATE: California	
11a. NAME OF FATHER — FIRST NAME: Joe	11b. MIDDLE NAME:	11c. LAST NAME: Williams	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
13. AGE OF FATHER (AT TIME OF THIS BIRTH): 22 YEARS	14. COLOR OR RACE OF FATHER: Negro	15a. PRESENT OR LAST OCCUPATION: Custodian	15b. KIND OF INDUSTRY OR BUSINESS: Airport
I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	16a. PARENT OR OTHER INFORMANT — SIGNATURE (IF OTHER THAN PARENT, SPECIFY): Patricia Gail Brooks	16b. DATE REVIEWED AND SIGNED BY INFORMANT: June 17, 1968	
I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE TIME, DATE AND PLACE STATED ABOVE	17a. PHYSICIAN (OR OTHER PERSON ATTENDING) — SIGNATURE — DEGREE OR TITLE: [illegible] M.D.	17b. DATE SIGNED BY PHYSICIAN OR OTHER PERSON: 2 [illegible] 68	
	17c. ADDRESS: 2503 G Street, San Diego	17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: C-20578	
REQUEST OMISSION FROM SOLICITATION LISTS	18. LOCAL REGISTRAR — SIGNATURE: [illegible] M.D. MCI	20. DATE RECEIVED BY STATE REGISTRAR: JUL 11 1968	

E19824

July 8, 2006

To: Paulette Crawford **or** To Whom It May Concern:

Subject: **Fee for cremation burial of ashes on an existing grave**

You had a phone conversation with Marjorie Bolden a week or so ago regarding my mom, **LaVerne Crenshaw.**

The family would now like to pay the quoted cost of $510.06.

I have called and left my number, to no avail.

Please call or fax how payment can be handled.

Thank you,

Margaret Avery
Home: 323-461-9700
Fax: 323-461-9766

Will call me back w/ more info on who's grave LaVerne Crenshaw will be interred on.

E19824

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 7-10-06	From: Paulette
To: Marjorie Bolden	Telephone #: (619) 527-3400
Telephone #: 323-461-9700	Fax #: (619) 527-3403
Fax #: 323-461-9766	Pages (including this cover sheet):
Subject: re: LaVerne Crenshaw	

COMMENTS: Please call with grave site of the location your mom is to be buried on. Also, payment of $510.06 can be made by phone using your visa, or mastercard. Paulette 619) 527-3400

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3761 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E19824

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

on grave of Frank Dewberry

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

ASH VAULT ⊖ TOP CENTER

			Children's			
	Vaughn	Griffin	X	Moore		

Blind Check Initiated By: Paulette Date: 7-24

Interment space for: LaVerne Crenshaw ⊗

Interment Date: 12/29/06 Time:

Div: 7 Sect: 14 Blk/Row: Lot: 129 Gr: 1

Grave Laid out by: David Norris

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Date:

E19824

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

04257-

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

79

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LAVERNE	-	CRENSHAW	09/25/1926	07/15/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
WOODLAND HILLS	LOS ANGELES	MARGARET AVERY - DAUGHTER P O BOX 3493 HOLLYWOOD, CA 90078

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
BASTIAN & PERROTT,OSWALD MORTUARY 18728 PARTHENIA ST.NORTHRIDGE, CA 91324	FD-1198	▶ [signature]	07/21/2006

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/21/2006	▶ 862/401 [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. FIGUEROA ST. LOS ANGELES, CA 90012	P O BOX 85222 SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 12-29-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PIERCE BROS. VALHALLA NORTH HOLLYWOOD, CA	12B. DATE CREMATED 7/31/06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS NA	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED NA	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE NA	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Low Income approved per Tom Wood (MPL) ✓

MT. HOPE CEMETERY

INTERMENT ORDER

AT-need

City of San Diego

Date 7-14-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty Jenkins #230301

in a Liner (Type of Burial Container) Funeral, date, time Tues July 18, 06 10:00

Church Chapel, Graveside Christ The King 32nd & Imperial ; Preferred Mortuary. MARK 584-7000

All Funeral cars must arrive before 3:00 p.m. on regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Joseph W. Harrison X

Division 11 Section 2 Blk/Row ____ Lot 7 Grave 6

Grave space & Care Fund LOT	$1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container Liner	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.46
Total Due	$1,679.46
Paid receipt number pd by Visa	$1,679.46
Balance due	0

PAID JUL 14 2006 MOUNT HOPE

I hereby certify I am the Joseph Harrison BROTHER X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. #230302

I hereby authorize the interment in lot I hold under deed.

Joseph W. Harrison X
Signature

X JOSEPH W. HARRISON
Print Name

X 7019 Bobhird Dr.
Address

X San Diego 92119
City Zip Code

X 619 462-7039
Telephone

Invoice # ____

Work Order # E-19825

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19525

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

LINER

#3 Archie Prewitt			#6 X			
			#12 Jasper Spencer			

Blind Check Initiated By: Sandra Date: 7-17-06

Interment space for: Betty Jenkins

Interment Date: Tues July 18, 06 Time: 10:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 7 Gr: 6

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRYL Date: 7-17-06

E19825

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 07/14/06 TIME: 15:52:55
MERH: 322156665644 STRH: 4301 TERH: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 136
CD TYPE: VISA
TR TYPE: PR

TOTAL: $1679.46

ACCT: **********1582 EXP: ****
AP: 055288
NAME: JOSEPH W HARRISON
CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

pd For At-need
Services For
Betty Jenkins
E-19825
Div 11 Sec 2
Lot 7 Gr 6

E19825

Mark Jenkins, Funeral Director
3094 El Cajon Boulevard
San Diego, CA 92104
((619) 584-7000
FAX: (619) 584-7030

Preferred Cremation & Burial

Fax

To: Mt. Hope
From: Brenda
Fax: 619-527-3403
Pages:
Phone: 619-527-3400
Date:
Re:
CC:

☐ Urgent For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

07/13/2006 23:18 6195847030 6195847030

PREFERRED CREMATION

E19825
PAGE 01
Marks
519-1335 cell

DEL. 12/05

)TICE OF ACTION

COUNTY OF
SAN DIEGO

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENC
DEPARTMENT OF SOCIAL SER

Notice Date 05-08-06 NB97 M
Case
Name JENKINS BETTY
Number 09-0232062-01-0
Worker
Name HIEN NGO
Number NB97
Telephone (619) 337-6209
Address 5001 73RD STREET STE HHSA
SAN DIEGO CA 92115

BETTY J JENKINS
3059 39TH ST
SAN DIEGO CA 92105-4012

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for hearing. The back of this page tells how. Your benefits may not changed if you ask for a hearing before this action takes place.

YOUR FOOD STAMP BENEFITS HAVE BEEN REINSTATED AS FOLLOWS:

YOUR FOOD STAMP CERTIFICATION COVERS THE PERIOD FROM MAY 2006 THROUGH FEB 2007.

IF YOU HAVE FILED FOR A STATE HEARING, YOUR FOOD STAMP BENEFITS HAVE BEEN REINSTATED IN THEIR PREVIOUS AMOUNT BECAUSE YOU ARE ENTITLED TO AID PAID PENDING BENEFITS WHILE AWAITING A DECISION ON YOUR STATE HEARING. IF THE COUNTY IS UPHELD BY THE HEARING DECISION, THE AID PAID PENDING BENEFITS YOU RECEIVE WILL BE CONSIDERED AN OVERISSUANCE AND A CLAIM WILL BE ESTABLISHED AGAINST YOUR HOUSEHOLD TO COLLECT THE OVER-ISSUANCE AMOUNT FROM YOU.

IF YOU DID NOT FILE FOR A STATE HEARING, BUT SUBMITTED A LATE QR-7 OR LATE VERIFICATIONS OR COMPLETED A RECERTIFICATION AFTER THE 20TH OF THE MONTH, YOUR CASE IS ACTIVE AND YOUR BENEFITS HAVE BEEN REINSTATED.

IF YOUR BENEFITS HAVE BEEN REINSTATED AFTER THE 25TH OF THE MONTH YOUR BENEFITS WILL NOT BE MAILED UNTIL THE FIRST OF THE MONTH. PLEASE CONTACT YOUR WORKER IF YOU HAVE NOT RECEIVED YOUR BENEFITS BY THE 5TH WORKING DAY OF THE MONTH.
YOUR BUDGET HAS BEEN COMPUTED AS FOLLOWS:

FOOD STAMP BUDGET SUMMARY	03/06	04/06	05/06	06/
TOTAL GROSS EARNINGS			.00	
HH TYPE/NUMBER OF PERSONS			8 01	8
MAX ALLOWABLE GROSS INCOME			1037.00	1037
ADJUSTED GROSS EARNED INCOME			.00	
ADJUSTED INCOME			.00	
NET MONTHLY INCOME			.00	
THRIFTY FOOD PLAN			152.00	152
MONTHLY FOODSTAMP ALLOTMENT			152.00	152
LESS-ALLOT REDUCT				15
TOTAL FOODSTAMP ALLOTMENT				137
ISSUED TODAY			152.00	

THIS ACTION IS REQUIRED BY THE FOLLOWING LAWS AND/OR FOOD STAMP MANUAL SECTIONS: 63-504 CERTIFICATION PERIODS
IF YOU ARE OUTSIDE THE LOCAL CALLING AREA YOU MAY CALL COLLECT.

DFA 377.1 RESTORATION/REINSTATEMENT

NA 990N (4/06)

60

E19825

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 Deceased: Betty Jenkins

Address: 3059 39th street

City: San Diego State Ca Zip Code 92115

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		Annual Income
(1)	$13,980	(4)	$38,810
(2)	$22,900	(5)	$45,800
(3)	$31,440	(6)	$53,560

(8)

For larger families, add $7,760 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.

Joseph W. Garrison — 07/14/06

Signed/ Relationship — Date

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 tax statement Other _____

Dan Lang — 07/14/06

Approved by — Date

Current Not. of Act. 5/06 documents verified on:
Approved By Tony Wood (MDL)
Date 7/14/06

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

L 19825

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BETTY	JEAN	JENKINS	06/19/1951	07/11/2006 FND	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTEE	SAN DIEGO	ANWAR JENKINS, SON 3059 39TH STREET SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION & BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ [signature]	07/14/2006

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/14/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7-18-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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.)

7-20-06
refund ed mock set up
cremains came in
~~mock set up~~
(NON Res)
~~INTER E A~~
~~later date~~

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

IN Grave w/ Harry Christopher Oakland

Date 7-17-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Warren Oakland (X) # 227333

in a ~~mock set up~~ Ash Vault Funeral, date, time Thurs July 20th, 2:00 2006

Type of Burial Container

Church, Chapel, Graveside, Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00

will be applied and billed to undersigned. [signature] X

Division 3 Section 8 Blk/Row PAID Lot 23 Grave 2 B

Grave space & Care Fund	B-1937 (1957)	0
Overtime/Late Arrival Fees	JUL 18 2006	0
Opening/Closing & Setup		0
Burial Container	Ash vault MOUNT HOPE CEMETERY	0
Handling Fees		0
Flower vases – Marker setting fee	2-canopy $85.00 each 100 chairs @	0
Recording/Filing/Transfer Fees	mock $71.00 $85.00 per 50	$411.00
Sales taxes		

Burial permit / Preneed Trust pd E-18193 must accompany cremains

Total Due $ 411.00

Paid receipt number pd by m/c $411.00

Balance due 0

I hereby certify I am the SON X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[signature] X
Signature

Daughter - Kaye
651 398-2684

X HARRY OAKLAND
Print Name

X 1304 SHADYBROOK COVE LANE
Address

X KNOXVILLE, TN. 37922
City Zip Code

X 865-690-0136
Telephone

Invoice #

Work Order # E-19826

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Credit for Mock set up given on 7-20-06 ARCT #7771

E 19826

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need trust paid

Date 12/17/03

227333

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jon Warren Oakland

in a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 23 Grave 2 Row _____ Section 8 Division/Block 3

Grave space & Care Fund B-1937	0
Additional spaces and care fund	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker se[illegible]	—
Recording and filing fee	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number R-57009	297.73
Balance due	0

PAID

DEC 17 2003

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Mary Louise Miller
Signature of recorded holder of deed

Paulette

Barbara Peterson
Signature

6145 Amaya Dr.
Address

La Mesa Ca 91942
City Zip Code

(619) 465-5224
Telephone

Invoice # _____

Work Order # E 18193

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19806

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.

			PAGE			
			X			
		CATON	TEALL	TEALL		

Blind Check Initiated By: KEVIN Date: 7-17-06

Interment space for: WARREN OAKLAND

Interment Date: 7-20-06 Time: 2 PM.

Div: 3 Sect: 8 Blk/Row: ____ Lot: 23 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Nerney Date: 7-17-06

E19826

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 07/20/95 TIME: 13:03:12
MERH: 322156665644 STRH: 4301 TERH: 0002
C-R-E-D-I-T

REF: 0002
BATCH: 141
CD TYPE: MC
TR TYPE: CR

TOTAL: $71.00

ACCT: **********7771 EXP: ****
AP:
NAME: HARRY L OAKLAND
CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

REFund FOR mock
Set up E-19826
Warren Oakland
Div 3 sec 8
LOT 23 GR 2
Family will have service
Cremains come in on time

E19826

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 84

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WARREN	HARRY	OAKLAND	12/03/1921	07/15/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
BONITA	SAN DIEGO	HARRY L. OAKLAND, SON 1304 SHADYBROOK COVE LANE KNOXVILLE, TN 37922

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking charge	8B. DATE SIGNED
TELOPHASE CREMATION SOCIETY-SD, 7851 MISSION CENTER COURT #104 SAN DIEGO, CA 92108	FD-1272	▶ Venita Lloyd	07/19/2006

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	07/19/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-20-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC., 14065 HWY 8 BUSINESS EL CAJON, CA 92021	12B. DATE CREMATED 7/19/06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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.)

8chairs

At-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/17/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Silverio Rivera Cruz #230307

in a Liner (Type of Burial Container) Funeral, date, time Thursday, July 20, 2006

Church/Chapel/Graveside 10.am ; Aztlan Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Cristina Rivera Prado x

Division 12 Section 2 Blk/Row ____ Lot 150 Grave 5

Grave space & Care Fund	2,269.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container Liner	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93

PAID JUL 17 2006 MOUNT HOPE CEMETERY

Mort, pd in Full

Paid receipt number R-59704 $3,358.93

Balance due Ø

I hereby certify I am the wife x of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Cristina Rivera x
Signature

Maria Dovensky

#230308
x Cristina Rivera Prado
Print Name
x 303 47th st
Address
x SPC D56
x sandiego cal 92102
City Zip Code
x (619) 264-08-26
Telephone

Invoice # ____

Work Order # E-19827

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19827

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

LINER

		#4 Frances Sayles	#5 X			
	#9 Elizabeth Quezada	#10	#11			

Blind Check Initiated By: Sandra Date: 7-17-07

Interment space for: Silverio Rivera Cruz

Interment Date: Thurs July 20, 06 Time: 10:00 ~~Church~~ GS per Oscar Aztlan

Div: 12 Sect: 2 Blk/Row: ____ Lot: 150 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Moriga Date: 7-18-06

E 19827

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SILVERIO	--	RIVERA-CRUZ	06/20/1967	07/16/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARIA RIVERA PRADO, WIFE 303 47TH ST SP D56 SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658	▶ [signature]	07/18/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	07/19/2006	▶ NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO,CA 92102	11B. DATE BURIED 7-20-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-17-06

#216508

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dean Lizzie Richburg

in a TS Vault (Type of Burial Container) Funeral, date, time Mon July 24 06 11:00

Church, Chapel, Graveside . PreFerred Mortuary. MARK 584-7000

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 11 Section 1 Blk/Row Lot 120 Grave 10

Grave space & Care Fund E-3872 E3058	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container TS Vault	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

Trust pd ON 6-19-06 P-00350 E-19843

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X
Signature

X
Print Name

X
Address

X
City Zip Code

X
Telephone

See attached

Invoice #

Work Order # E-19828

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19828

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

TS Vault

		#9 willie Richburg	#10 X	#11 morris Dawson		

Blind Check Initiated By: Sandra Date: 7-17-06

Interment space for: Lizzie Richburg

Interment Date: MON July 24 06 Time: 11:00 Church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 120 Gr: 10

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: ____

E19828

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00300

Date: 6-19, 2006

From: Lizzie D. Richburg Address: 2368 Blackton Dr. SD CA 92105

One Thousand two hundred forty-three 51/100 Dollars ($ 1,243.51)

in full Payment of Pre-need trust, paid in full for Lizzie Dean Richburg

Div 11 Sec 1 Bldg/Row Lot 120 Grave 10

Invoice No. E-3872

Acct. No.

W.O.

BALANCE DUE Ø

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 4907

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUN 19 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	1243.51
Trust	77186	
TOTAL PAID		$ 1,243.51

AC-212 (11-05)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

AT-Need

INTERMENT ORDER

City of San Diego

Date 7-17-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dean Lizzie Richburg

in a TS Vault (Type of Burial Container) Funeral, date, time Mon July 24 06 11.00

Church Chapel, Graveside _____ Preferred Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 MARK 584-7000

will be applied and billed to undersigned. X

Division 11 Section 1 Blk/Row _____ Lot 120 Grave 10

Grave space & Care Fund	E-3872	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		0
Burial Container	TS Vault	0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		0
Sales taxes		0
	Total Due	0
	Paid receipt number	
	Balance due	0

PAID JUL 19 2006 MOUNT HOPE CEMETERY

TRUST pd ON 6-19-06 P-00350

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Cardy Richburg
Signature

X Cardy Richburg
Printed name

X 6504 College Grove Drive #1
Address

X San Diego, CA 92115
City Zip Code

X (619) 286-3242
Telephone

Invoice # _____

Work Order # E-19828

Acct. # _____

MEA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

AT-Need

City of San Diego

Date 7-17-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alicia Nolasco #99

in a DD crypt "A" (Type of Burial Container) Funeral, date, time Thurs July 20, 06 10:00

Church, Chapel, Graveside _____ . Guadalupana 544-9533 David . Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. SERGIO NOLASCO X

Division 12 Section 2 Blk/Row _____ Lot 222 Grave 2

Grave space & Care Fund E-17089	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container DD crypt "A"	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

I hereby certify I am the Husband X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. #205

I hereby authorize the interment in lot I hold under deed.

SERGIO NOLASCO X
Signature

X SERGIO NOLASCO
Print Name

X 2630 University Ave
Address

X SAN DIEGO CA 92104
City Zip Code

X (619) 218 5044
Telephone

Invoice # _____

Work Order # E-19829

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19829

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

DD Crypt "A"

				CARTER		
HERNANDEZ		SERGIO NOLASCO	X	MARTIN CARDENAS	L.T. SCOTT	
		MOSE MCCLAIN				

Blind Check Initiated By: _____ Date: _____

Interment space for: Alicia Nolasco

Interment Date: Thurs July 20, 06 Time: 10:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 222 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Nosig Date: 7-18-06

E19829

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 58

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALICIA	-	NOLASCO	01/27/1948	07/15/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SERGIO NOLASCO, HUSBAND 2630 UNIVERSITY AVENUE SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶ David Ayala	07/20/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	07/20/2006	▶ NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST,SAN DIEGO,CA,92102	11B. DATE BURIED 7-20-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Noriega	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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.)

E19828

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LIZZIE	DEAN	RICHBURG	04/29/1932	07/16/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	CAROLYN RICHBURG, DAUGHTER 6504 COLLEGE GROVE DR. #1 SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶	

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/21/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7-24-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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.)

In grave with Johnnie Mae West At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-18-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of A. C. West #230306

in a D.D. Crypt "B" (Type of Burial Container) Funeral, date, time Friday July 21 11:00

Church, Chapel, Graveside ; Preferred Mortuary

near Bethel Baptist Cell: 519-1335 Mark

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 147 Grave 2 B

Grave space & Care Fund	E-19448	0
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	R-59708	598.—
Balance due		0

PAID JUL 19 2006 MOUNT HOPE CEMETERY

Resident fee

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

_____ City Zip Code

X _____ Telephone

See attached

Paulette

Work Order # E-19830

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19838

MT HOPE CEMETERY
in grave of Johnnie M. West (wife)

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space:

D.D. Crypt "B"

		Meyer	Rodriguez			
		O'Bird	X	Mazurkiewicz		
		Alexander	Hill	Massie		

Blind Check Initiated By: Paulette Date: 7-18

Interment space for: A. C. West

Interment Date: Friday July 21 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 147 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: DARKELL Date: 7-19-06

E19830

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 85

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AC	-	WEST	09/12/1920	07/15/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JESSIE THOMASON, DAUGHTER 3625 43RD STREET SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746

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.

8A. SIGNATURE OF APPLICANT – Person taking permit: ▶ [signature] 8B. DATE SIGNED: 07/20/2006

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/20/2006	NANCY L BOWEN, MD ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7/21/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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.)

In grave with Johnnie Mae West At Need

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-18-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of A. C. West

in a O.D. Crypt "B" (Type of Burial Container) Funeral, date, time Friday July 21

Church, Chapel, Graveside Preferred Mortuary Mark

Cell: 519-1375

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 147 Grave 2

Grave space & Care Fund E-19448	0
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 R-59708	598
Balance due	0

PAID JUL 19 2006 MOUNT HOPE CEMETERY

Resident fee

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Jessie Thomason (Signature)

Jessie M. Thomason (Print name)
3625 43rd Street (Address)
San Diego CA 92105 (City, State, Zip Code)
619-280-0255 (Telephone)

Paulette

Invoice # _____

Work Order # E-19830

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need
non-resident

Date 7-28-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HiRam Knight #211156

in a Liner (Type of Burial Container) Funeral, date, time Mon Aug 14, 1100

Church, Chapel, Graveside ; Featheringill Mortuary.

(619) 583-9512

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. Corey

Division 8 Section 1 Blk/Row _____ Lot 1497 Grave 1

Grave space & Care Fund E-11360	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.—
Burial Container	359.—
Handling Fees	275.—
Flower vases – Marker setting fee	237.00
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	~~1454.82~~ 1692.82
Paid receipt number R-59737	~~1692.82~~
Balance due	0

PAID
AUG 10 2006
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Paulette

Invoice # _____

Work Order # E-19831

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19831

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

			X			

Flagged Yes _____ No _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Hiram Knight

Interment Date: Mon Aug 14 Time: 11:00 G.S.

Div: 8 Sect: 1 Blk/Row: ____ Lot: 1497 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Neringer Date: 8-11-06

CREMAINS WERE PLACED _____

E19831

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HIRAM	LANCELOT	KNIGHT	04/30/1923	07/27/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ALICE H. THOMPSON, SISTER 8301 MISSION GORGE RD. #142 SANTEE, CA 92071

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Domingo	08/01/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	08/01/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 8-14-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Low Income ✓ Date 7-20-2006

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florida M. Globe #230312

in a Liner (Type of Burial Container) Funeral, date, time Tuesday July 25 11:00

Church/Chapel, Graveside MT. ZION BAPTIST ; CA BURIAL Claudette Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row _____ Lot 3 Grave 2

Grave space & Care Fund	1132.—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number R-59709	1,679.47
Balance due	0

PAID JUL 20 2006 MOUNT HOPE CEMETERY

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Willie Earl Globe (Signature)

X Willie Earl Globe Jr (Print Name)
X 8822 Jayles Ave (Address)
X Spring Valley CA 91977 (City, Zip Code)
X 619-267-1380 (Telephone)

Invoice # _____

Work Order # E-19832

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19832

59709

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7/20, 2006

From: ~~Virgie Globe~~ Advance Funeral Funding, LLC Address: 5572 Jaylee Ave SN CA 91977

One Thousand, Six hundred Seventy-Nine and 47/00 Dollars ($ 1,679.47)

in Full Payment of Interment of Florida mGlobe on Tues. July 25th

Div 11 Sec 2 Blk/Row Lot 3 Grave 2

Invoice No. E-19832

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge #4109
☑ Check ~~114~~

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
JUL 20 2006
MOUNT HOPE C...

ISSUED BY [signature]

CREDIT	67007	226.40
20% Sales Care	77184	
80% Sales	100	905.60
of Lots	77184	
Opening/	100	
Closing	77181	266.50
Burial	100	
Containers	77182	135.00
	100	
Handling Fee	77185	103.00
Recording &	100	
Misc. Fees	77183	2.50
Sales Tax	60101	10.47
	78390	
TOTAL PAID	$	1,679.47

AC-212A (11-05)
This information is available in alternative formats upon request.

PAID
JUL 24 2006
MOUNT HOPE C...

ADVANCE FUNERAL FUNDING, LLC
FUNDING ACCOUNT
5857 TRUCKER STREET
PORTSMOUTH, VA 23703
(757) 638-2950

SUFFOLKFIRST BANK
SUFFOLK, VA 23434
68-918/514

4109

7/21/2006

PAY TO THE ORDER OF Mt. Hope Cemetery $ **1,679.47

One Thousand Six Hundred Seventy-Nine and 47/100********** DOLLARS

ADVANCE FUNERAL FUNDING, LLC
Your Accounts Receivable Solution!

Mt. Hope Cemetery

MEMO Florida Globe

⑈004109⑈ ⑆051409184⑆ 0212014601⑈

E19832

59709

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7/20, 2006

From: Virgie Globe Address: 8822 Jaylee Ave SN CA 91977

One Thousand, Six hundred Seventy-Nine and 47/00 Dollars ($ 1,679.47)

in Full Payment of Interment of Florida m Globe on Tues. July 25th

Div 11 Sec 2 Blk/Row ____ Lot 3 Grave 2

Invoice No. E-19832

Acct. No. ____

W.O. ____

BALANCE DUE Ø

☐ Money Order
☐ Charge
☑ Check 114

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 20 2006

MOUNT HOPE C...

ISSUED BY Paul Stee

CREDIT	67007	226	40
20% Sales Care	77184		
80% Sales	100	905.	60
of Lots	77184		
Opening/	100		
Closing	77181	266.	50
Burial	100		
Containers	77182	135.	00
	100		
Handling Fee	77185	103	00
Recording &	100		
Misc. Fees	77183	2.	50
Sales Tax	60101	10.	47
	78390		
TOTAL PAID	$	1,679	47

AC-212A (11-05)
This information is available in alternative formats upon request.

VIRGIE GLOBE
WILLIE E. GLOBE, JR.
N5240413 619-267-1380
8822 JAYLEE AVE.
SPRING VALLEY, CA 91977

VOID

90-8146/3222
0115996810

114

Date 7/20/06

Pay to the Order of Mt Hope $ 1,679.47

one thousand - six hundred - seventy - nine Dollars Both Seven

Island Credit Union P.O. Box 85833 San Diego, CA 92186-5833 Merchant Verification 619/656-4012

Memo Memorial Services Virgie Globe

⑆322281468⑆ 0115996810⑈ 0114

This check was returned to family & check # 4109 new check was given in replacement, used same receipt

E 19832

THE CITY OF SAN DIEGO

Revised June 2006

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: Florida M Globe

Address: _____

City: _____ State _____ Zip Code _____

City of San Diego resident? (Circle) YES NO

Size of Family (check one).

	Annual Income		**Annual Income**
(1)	$13,980	(4)	$38,810
(2)	$22,900	(5)	$45,800
(3)	$31,440	(6)	$53,560

For larger families, add $7,760 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.

X William Earl Globe Jr. X 7/20/06

Signed/ Relationship Date

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 tax statement Other _____

Approved by 7-20-06

Date

Current SSI Benefit $12,984 documents verified on:

Approved By MDL 7/20/06

Date

Mt. Hope Cemetery

Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527

Tel (619) 527-3400 • Fax (619) 527-3403

E19832

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Great Lakes Program Service Center
600 West Madison Street
Chicago, Illinois 60661-2474
Date: April 3, 2006
Claim Number: 286-22-9280 D6

0327 ROA,PC4,U,CH,BRE 125 000028240 01 SP 0.390
FLORIDA M GLOBE
225 N WILLIE J JONES
NO 3
SAN DIEGO CA 92102

When you received Supplemental Security Income (SSI) payments in the past, you received more than you should have. Our records show that you still owe us $840.00. Congress passed a law that permits us to collect SSI overpayments by withholding from your Social Security benefits. We plan to do that by withholding $112.00 from your Social Security benefits each month until we collect the $840.00 that you owe.

What We Will Pay And When

After we withhold from your Social Security benefits, you will receive $1,004.00 for April 2006. You will receive this amount on or about the third of May 2006.

If you pay Medicare premiums or health plan premiums, we deducted them from your benefits to get the amount you will receive on or about the third of May 2006.

After that, you will receive $1,004.00 on or about the third of each month.

You will resume receiving your full regular monthly payment with the payment you receive in January 2007.

What You Can Do

We will withhold $112.00 from your Social Security benefits unless, within 30 days of the date of this letter, you:

- Pay us back the full amount you owe,
- Ask us to review our finding that you still owe us the amount stated above,

Enclosure(s):
Payment Stub
Refund Envelope

C

See Next Page

E19832

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. (Liner) Low Income

			X			
Rouse			Bessellieu			
White			Walker			

Blind Check Initiated By: Paulette Date: 7-21-06

Interment space for: Florida Globe

Interment Date: Tues. July 25 Time: 11:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 3 Gr: 2

Grave Laid out by: Norman & David

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: David Norman Date: 7-24-06

E 19832

age 74

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FLORIDA	M.	GLOBE	05/15/1932	07/16/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	WILLIE GLOBE, SON 8822 JAYLEE AVE. SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	Claudette Rus	7/14/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	07/20/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST.,SAN DIEGO, CA 92102	11B. DATE BURIED 7-25-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Jamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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

Date 7/20/06

#271756

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOIS E. Powell (Patterson) 2006

in a ASH VAULT (Type of Burial Container) Funeral, date, time Wed Aug 2nd AYD

Church, Chapel, Graveside Delivery Only : Humphreys Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 8 Section 1 Blk/Row _____ Lot 1112 Grave 1

* Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	
* Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number Visa AP 89743A	510.06
Balance due	Ø

PAID
JUL 20 2006
MOUNT HOPE CEMETERY

I hereby certify I am the SON-IN-LAW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name GEORGE H. CAGLE

Address 179 S. UPAS ST.

City ESCONDIDO, CA Zip Code 92025

Telephone 760-741-8638

Invoice # _____

Work Order # E-19833

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19833

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

In Grave with Robert Patterson Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

ASH VAULT

	Borg	Gilbert	Sanchez			
	Chapman		X			
			Hale			

Blind Check Initiated By: Paulette Date: 7-24

Interment space for: Lois E. Powell (Patterson)

Interment Date: week Aug 2nd AYD Time: Delivery Only

Div: 8 Sect: 1 Blk/Row: ____ Lot: 1112 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: DARRELL Date: 8-2-06

Cremains are placed at MIDDLE

E 19833
21440
ogl 89

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOIS	ELIZABETH	POWELL	11/17/1916	07/19/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GEORGE CAGLE, DPOA 179 S. UPAS STREET ESCONDIDO, CA 92025

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing as agent	8B. DATE SIGNED
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964		07/27/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	07/27/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-2-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE. COSTA MESA, CA 92626	12B. DATE CREMATED JUL 3 1 2006	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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
IN Grave
with Beverly Nolan

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-21-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Matthew William Nolan #230313

in a DD crypt B (Type of Burial Container) Funeral, date, time weds July 26, 10:00

(Church) Chapel, Graveside Holly Family : Featheringill Mortuary Jerry 583-9511

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row ____ Lot 71 Grave 6 B

Grave space & Care Fund E-19383 (2005)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container DD crypt B	
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X
Signature

X
Print Name

X
Address

X See attached
City Zip Code

X
Telephone

Invoice # ____

Work Order # E-19834

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

NO. 332 001

E 1983

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need
In Grave
with Beverly Nolan

Date 7-21-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Matthew William Nolan in a DD Crypt B (Type of Burial Container) Funeral, date, time Weds July 26, 10:00 (Church) Chapel Graveside Holly Family, Featheringill Jerry Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned X

Division 12 Section 2 Bit/Row ____ Lot 71 Grave 6

Grave space & Care Fund	E-19383 (2005)	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		0
Burial Container	DD Crypt B	
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		0
Sales taxes		0
	Total Due	0
	Paid receipt number	
	Balance due	0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Betty L Decker
Signature

X BETTY L. DECKER - DAUGHTER
Print Name

X 9273 MESA VISTA AVE
Address

X LA MESA, CA 91941
City Zip Code

X CH-405-8262
Telephone

Invoice # ____

Work Order # E-19834

Acct. # ____

PSA-108 (3-94)

This information is available in alternative formats upon request.

E19834

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Beverly Nolan

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER DD Crypt 2nd Burial

	#4 Claire Williams	#5 Ramirez	#6 X			
			#12 Margaret Peninger			

Blind Check Initiated By: Sandra Date: 7-21-06

Interment space for: Matthew Nolan

Interment Date: Weds July 26 Time: 10:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 71 Gr: 6

Grave Laid out by: Norman

Agrees with Legal Card: ☑ Yes ☐ No

FLAG ON

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 7-24-06

CREMAINS WERE PLACED ____

E 19834

age 89

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MATTHEW	WILLIAM	NOLAN	11/13/1916	07/21/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	BETTY L. DECKER, DAUGHTER 9272 MESA VISTA AVE. LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Dominguez	07/24/2006

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/24/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7-26-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Jamison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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
Res. fee

Date 7-21-06

#230318

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hortense T. Merchant

in a Ash Vault (Type of Burial Container) Funeral, date, time Mon. July 31 10:00 Wah

Church, Chapel, Graveside ; AZTLAN 337-8100 Mortuary

MASS

All Funeral cars 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 2402 Grave _____

PAID

JUL 21 2006

MOUNT HOPE CEMETERY

Grave space & Care Fund	426.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	178.-
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	988.12
Paid receipt number R-59711	988.12
Balance due	Ø

I hereby certify I am the X husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#230319

I hereby authorize the interment in lot I hold under deed.

Donald R. Merchant
Signature

+ DONALD MERCHANT
Print Name

+ 6922 AIROSO
Address

+ SD CA 92120
City Zip Code

+ 619 466-0757
Telephone

Paulette

Invoice # _____

Work Order # E-19835

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19835

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Ash Vault

			Parmley		Bringas	
			X	Patterson	Bringas	

Blind Check Initiated By: Paulette Date: 7/26

Interment space for: Hortense T. Merchant Ø

Interment Date: 7-31-06 MON. Time: 10:00 Mass

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2402 Gr: 1

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: David Morrison Date: 7-28-06

CREMAINS WERE PLACED FOOT OF GRAVE

E 19835

DMV CALIFORNIA DMV

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 12-28-13

E0085762

HORTENSE TATO MERCHANT
6922 AIROSO AVE
SAN DIEGO CA 92120

SEX:F HAIR:BRN EYES:BRN
HT:5-00 WT:110 DOB:12-28-18

Hortense Merchant

10/01/2004 506 E2 FD/13

178
65
243

E 19835 age 87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

6753-03

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HORTENSE	TATO	MERCHANT	12/28/1918	07/20/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	DONALD MERCHANT, HUSBAND 6922 AIROSO AVE SAN DIEGO, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658	▶ [signature]	07/26/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	07/26/2006	NANCY L BOWEN, MD ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST.,SAN DIEGO, CA 92102	11B. DATE BURIED 7-31-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CA CREMATORY 601 D CRANE ST.,LAKE ELSINORE, CA 92530	12B. DATE CREMATED 07/26/06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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

pre-need
NON-RES
2- cremains added
TO Existing grave

Date 7-21-06

#223494 #226920

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise Sullivan-Steadman & Melvin Charles Steadman

in a 2-Ash vault (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Conrad Mort. Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned.

Division 8 Section 5 Blk/Row ____ Lot 706 Grave ____

Grave space & Care Fund	E-7699 (1988)	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2-@ $199.00	$398.00
Burial Container	2-Ash vault @ $104.00	$208.00
Handling Fees	2 @ $114.00	$228.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	2 @ $85.00	$170.00
Sales taxes	2 @ $8.06	$16.12
	Total Due	$1,020.12
	Paid receipt number P-00404	$1,020.12
	Balance due	0

PAID
JUL 21 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Louise S Steadman of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#223494

I hereby authorize the interment in lot I hold under deed.

Louise S Steadman
Signature

Louise S Steadman
Print Name

7541 Central
Address

Lemon Grove, CA 91945
City Zip Code

619-4667745
Telephone

Invoice # ____

Acct. # ____

Work Order # E-19836

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19836

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 04-28-08

W0812213

CLASS: C

MELVIN CHARLES STEADMAN
7541 CENTRAL AVE
LEMON GROVE CA 91945

SEX: M
HT: 5-09
HAIR: GRY
WT: 174
EYES: HZL
DOB: 04-28-28

04/19/2003 669 42 FD/08

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00404 E19836

Date: 7-21-07, 20 07

From: Louise Sullivan Stead Address: 7541 Central Ave, Lemon Grove 91945

one Thousand twenty dollars 12/100 Dollars ($ 1,020.12)

in Full Payment of Pre-Need 2-Cremains Trust pd IN Full

Div 8 Sec 5 Blk/Row Lot 706 Grave

Invoice No. E-19836

Acct. No.

W.O.

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

AC-212 (11-05) #8368 ☑ Check

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL 21 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	1,020	12
Trust	77186		
TOTAL PAID		$ 1,020	12

MELVIN C. STEADMAN
LOUISE SULLIVAN-STEADMAN
LIC. B0352163
7541 CENTRAL AVE. PH. 466-7745
LEMON GROVE, CA 91945

16-49 9
1220
0091003210

8368

DATE 7-21-07

PAY TO THE ORDER OF MT Hope Cemetery $ 1,020.12

one Thousand Twenty dollars 12/100 DOLLARS

UNION BANK OF CALIFORNIA
LEMON GROVE #09
3285 LEMON GROVE AVE., LEMON GROVE, CA 91945
800 238 4486

FOR E-19836 Pre-Need Louise S Steadman

E 19837

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-24-06

AT Need (male)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arshaluys Tuniyants #227037

in a Double Depth "A" (Type of Burial Container) Funeral, date, time Weds. July 26 11:00

Church, Chapel, Graveside _____ ; Mayer Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

* Division 10 Section _____ Blk/Row _____ Lot 5153 Grave _____

Grave space & Care Fund E-13867	Ø
*Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.—
Burial Container	539.—
Handling Fees	454.—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.—
Sales taxes	41.77
Total Due	1,632.77
Paid receipt number R-59714	1,632.77
Balance due	Ø

PAID
JUL 24 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

Paulette

Work Order # E-19837

X IRINA TUNIYANTS
Print Name

X _____
Address

X 10830 VIA LAS MAYAS #A
City

X SAN DIEGO, CA 92129
Zip Code

Telephone (858) 672-8955

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19837

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER DD CRYPT "A"

		OWASHI		OWASHI		
			X	R.H. TOKUMAN	IGUCHI	
		MASUMOTO		TSUKAOME		

Blind Check Initiated By: KEVIN Date: 7/24/06

Interment space for: Arshaluys Tuniyants

Interment Date: 7-26-06 Time: 11:00 AM

Div: 10 Sect: ____ Blk/Row: ____ Lot: 5153 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No FLAG ON GRAVE

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARKEN Date: 7-25-06

CREMAINS WERE PLACED ____

E19837

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 93

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARSHALUYS	-	TUNIYANTS	09/15/1912	07/23/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	IRINA TUNIYANTS, DAUGHTER 10830 VIA LAS MAYAS #A SAN DIEGO, CA 92129

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	FD1424	▶	07/25/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	07/26/2006	NANCY L BOWEN, MD ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7-26-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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
(RES)
1st + 2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-24-06

#230314

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert L Williams SR

in a DD Crypt A (Type of Burial Container) Funeral, date, time Thurs July 27, 06 11:00

Church, Chapel, Graveside ; SD Memorial Mortuary. 692-3090

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row Lot 250 Grave 12

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ $533.00	1,066.00
Burial Container DD Crypt A	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	$178.00
Recording/Filing/Transfer Fees 2 @ $65.00	130.00
Sales taxes	$41.77
Total Due	$4,672.77
Paid receipt number R-59719	4672.77
Balance due	Ø

PAID
JUL 26 2006
MOUNT HOPE CEMETERY

MORT. TO PAY
mailed deed 9-20-06

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#230315

I hereby authorize the interment in lot I hold under deed.

X
Signature

X See attach
Print Name
X for signature
Address
X
City Zip Code
X
Telephone

Invoice #

Work Order # E-19838

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19838

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER DD Crypt 1st Burial

ROBTS	WALLACE		X			
				ZUNICH		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 7/25/06

Interment space for: Robert Williams SR.

Interment Date: Thurs July 27 06 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 250 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Nerige Date: 7-25-06

CREMAINS WERE PLACED _____

E 19838

age 53

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROBERT	LEE	WILLIAMS	02/11/1953	07/21/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CYNTHIA WILLIAMS, SPOUSE 2701 BLACKTON DR. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575	▶ [signature]	07/25/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is or of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	07/25/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7/27/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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.)

07 24 2006 11:48 SD MT. HOPE CEMETERY + SD MEMORIAL

E19838

7/25/06 PAW

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT- Need

Need proof of Res

Date 7-24-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert L Williams SR

in a DD Crypt (Type of Burial Container) Funeral date time Thurs July 27, 06 11:00

Church Chapel Graveside SD Memorial Mortuary 692-3090

All Funeral Cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned X

Division 12 Section 2 Blk/Row ____ Lot 250 Grave 12

Grave space & Care Fund		2,264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2 @ $533.00	1,066.00
Burial Container	DD Crypt	539.00
Handling Fees		454.00
Flower vases - Marker setting fee		$178.00
Recording/Filing/Transfer Fees	2 @ $65.00	130.00
Sales taxes		$41.77
MORT. TO PAY	Total Due	$4,673.77

Paid receipt number ____

Balance due ____

I hereby certify I am the Spouse X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#230315

I hereby authorize the interment in lot I hold under deed

Cynthia R. Williams
Signature

X Cynthia R. Williams
Print name

X 2701 Blackston Drive
Address

X San Diego, CA 92105
City Zip Code

X (619) 263-7772
Telephone

Invoice # ____

Acct. # ____

Work Order # E-19838

REA-104 (3-04)

This information is available in alternative formats upon request.

E 19838

Lincoln Financial Group®

The Lincoln National Life Insurance Company
Client Service Center, MIR1
P.O. Box 5048
Hartford, CT 06102-5048

Change Confirmation

Acting as administrative agent of:
Aetna Life Insurance Company
ING Life Insurance and Annuity Company

ROBERT L WILLIAMS SR AND
CYNTHIA RENEE WILLIAMS
2701 BLACKTON DRIVE
SAN DIEGO CA 92105

June 13, 2006
Issuing Company: [redacted]
Company
Policy/Certificate Number: [redacted]
Insured: Robert L Williams Sr

Dear Client:

We have made the ownership and beneficiary changes on this policy/certificate as requested. Enclosed are copies of the recorded changes for your records.

At Lincoln Life & Annuity, we are committed to providing you with quality customer service. If you have any questions or comments, please contact the Client Service Center at 800 334-7586 between the hours of 8:00 a.m. and 6:00 p.m. Eastern Time, Monday through Friday, or contact your financial representative.

Sincerely,

Theresa Edwards

Theresa Edwards
Client Service Center

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 7-24-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernestine Thompson #224237

in a Liner (Type of Burial Container) Funeral, date, time Fri. July 28 11:00

(Church) Chapel, Graveside _____ Anderson-Rags Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 12 Section 1 Blk/Row _____ Lot 32 Grave 4

*Grave space & Care Fund E-4355	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	1094.93
Paid receipt number R-59717	$1,094.93
Balance due	Ø

PAID JUL 28 2006 MOUNT HOPE CEMETERY

SD Res. Verified by Shipper

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Paulette

Invoice # _____

Work Order # E-19839

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19839

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

		ADAMS	SMALLWOOD			
			X	WILLIE THOMPSON		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 7/25/06

Interment space for: Ernestine Thompson

Interment Date: Friday 28 2006 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 32 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E 19839

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ERNESTINE	-	THOMPSON	07/14/1917	07/23/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	HELEN EDWARDS, DAUGHTER P.O. BOX 449 EL CAJON, CA 92022

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	07/26/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103056 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	07/26/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- -

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-28-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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
non-resident

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-25-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cynthia Walker #230317

in a Liner (Type of Burial Container) Funeral, date, time Fri. July 28th 11:00

Church, Chapel, Graveside New Creation ; San Diego Mem. Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row _____ Lot 28 Grave 10

Grave space & Care Fund	3011.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	275.-
Flower vases - Marker setting fee	237.-
Recording/Filing/Transfer Fees	85.-
Sales taxes	27.82
Total Due	4702.82
Paid receipt number R-59728	4702.82
Balance due	0

PAID
JUL 26 2006
MOUNT HOPE CEMETERY

mort. to pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Paulette

Invoice # _____

Work Order # E-19840

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19840

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

	OTIS					
	ADAMS	SHALLMAN	X			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 7/24/06

Interment space for: Cynthia Walker

Interment Date: Friday July 28 Time: 11:00 Church new creation

Div: 12 Sect: 1 Blk/Row: ____ Lot: 28 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E 19840

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
non-resident

Date 7-25-06

You are hereby authorized and instructed subject to your rules and regulations to inter the remains of Cynthia Walker

in a Liner (Type of Burial Container) Funeral, date, time Fri. July 28th 11:00

Church Chapel Graveside New Creation San Diego Mem. Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row _____ Lot 28 Grave 10

Grave space & Care Fund	3011.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	275.-
Flower vases - Marker setting fee	237.-
Recording/Filing/Transfer Fees	85.-
Sales taxes	27.82
Total Due	4702.82

Paid receipt number _____

Balance due _____

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Michael R Peterson
Signature

X Michael R Peterson
Print Name

X 1814 Beta St
Address

X National City 91950
Zip Code

(619) 501-8421
Telephone

Paulette

Invoice # _____

Acct. # _____

Work Order # E-19840

This information is available in alternative formats upon request

REA-104 (3-04)

E19840

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 50

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CYNTHIA	LEE	WALKER	09/04/1955	07/22/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	MICHAEL PETERSON, SON 1814 BETA ST. NATIONAL CITY, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – person taking permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575	▶	07/26/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	07/26/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7-26-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS 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 ▶		
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 DISPOSER – IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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.)

Disinterment-
reinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-25-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ta'Niyah Shaywaun Carey #230161

in a "OK" Liner (Type of Burial Container) Funeral, date, time Fri. July 28th 10:00

Church, Chapel, Graveside Witness : CA Burial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 2 Blk/Row — Lot 599 Grave —

Grave space & Care Fund	E-19718	—
Overtime/Late Arrival Fees		—
Opening/Closing & Setup		277.—
Burial Container	"OK" Liner	—
Handling Fees		—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees		—
Sales taxes		—
Total Due		277.—
Paid receipt number	Visa AP03999	277.—
Balance Due		Ø

PAID
JUL 26 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Maternal Grandmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Marlon Carey-Jones
Signature

Print Name: Marlon Carey-Jones
Address: 4095 Valeta St # C
City: San Diego, CA Zip Code: 92110
Telephone: (619) 309-5352

Paulette 619-527-3400 619-527-3403 fax

Invoice # _____

Work Order # E-19841

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Lisa Watkins M.E. (619) 615-6845

E19841

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Disinterment - Re-interment

BURIAL CONTAINER "OK"

			X		Hawkins	

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette Date: 7/26

Interment space for: Ta'Niya Shaywaun Carey

Interment Date: 7-28 Time: 10:00

Div: 9 Sect: 2 Blk/Row: ____ Lot: 599 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: David Noriega Date: 7-27-06

CREMAINS WERE PLACED ____

E19841

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 07/26/06 TIME: 14:15:15
MERC: 322156665644 STR#: 4301 TERM: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 145
CD TYPE: VISA
TR TYPE: MP

TOTAL: $277.00M

ACCT: **********7135 EXP: ****
AP: 031990
COST CD: 009 TAX: 0.00

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

phone / fax

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

payment of disinterment and re-interment of Tr'Nyon Cuzeq 9 [illegible]

Attn: Cynthia
fax 619 685-6521

E19841

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 07/26/06 TIME: 14:15:15
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 145
CD TYPE: VISA
TR TYPE: MP

TOTAL: $277.00M

ACCT: **********7135 EXP: ****
AP: 031990
CUST CD: 909 TAX: 0.00

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

x phone / fax

TOP COPY-MERCHANT/ BOTTOM COPY-CUSTOMER

payment of disinterment and re-interment of TA'Niyah Carey 9-2-599

ATTN: Cynthia
fax 619 685-6521

E19841

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4381322156665644

DATE: 07/26/06 TIME: 14:15:15
MER#: 322156665644 STR#: 4381 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 145
CD TYPE: VISA
TR TYPE: MP

TOTAL: $277.00M

ACCT: **********7135 EXP: ****
AP: 031990
CUST CD: 989 TAX: 0.00

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

x phone / fax

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

payment of disinterment
and re-interment of
Ta'Niyah Carey
9-2-599

Attn:
Cynthia
fax 619 685-6521

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
Intigent Burial
PIN #2

Date 07/26/06

PIN #230326

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESTHER RHEA P.A. # 20061862

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Aug. 1st TUES 1:30

Church, Chapel, Graveside Delivery Only : Conrad Grant Mortuary

460-4601 - fax 460 8747

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 21 Grave 1A

Grave space & Care Fund	131.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	454.-
Burial Container	132.-
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.-
Sales taxes	10.23
Total Due	776.23
Paid receipt number Visa AP 064157	776.23
Balance due	Ø

PAID
JUL 2 6 2006
MOUNT HOPE CEMETERY

P.A. Marco DelaToba
858-694-3501
858-694-3987 Fax

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

Paulette

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Invoice # _____

Work Order # E-19842

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19842

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH 0

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER D.D. Crypt "A"

			X			

Flagged **Yes** X **No** _____

Blind Check Initiated By: PAULETTE Date: 7/31/06

Interment space for: Esther Rhea # 20061862

Interment Date: 8/1/06 Time: 1PM

Div: 13 Sect: _____ Blk/Row: _____ Lot: 21 Gr: 1A

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 7-31-06

CREMAINS WERE PLACED _____

MT. HOPE CEMETERY

INTERMENT ORDER

At Need
Intigent Burial

City of San Diego

Date 07/26/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESTHER RHEA P.A.# 20061862

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside Delivery Only : Conrad Grant Mortuary 460-4601 - fax 460 8747

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____ will be applied and billed to undersigned.

Division 13 Section ____ Blk/Row ____ Lot 21 Grave 1A

Grave space & Care Fund	131.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	454.-
Burial Container	132.-
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.-
Sales taxes	10.23
Total Due	776.23
Paid receipt number Visa AP 064157	776.23
Balance due	Ø

PAID
JUL 2 6 2006
MOUNT HOPE CEMETERY

P.A. Marco DeLaToba
858-694-3501
858-694-3987 fax

I hereby certify I am the X ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Signature

Paulette

X First Name
X Address
X City Zip Code
X Telephone

Invoice # ____

Work Order # E-19842

Acct. # ____

REA-104 (3-04)

This information is available in alternative [illegible] upon request.

Printed on recycled paper

JUL 2 6 2006

CITY OF SD MT HOPE CEMETE
MOUNT HOPE CEMETERY
6521 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 07/26/06 TIME: 09:02:26
MERH: 322156665644 STRN: 4301 TERH: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 145
CD TYPE: VISA
TR TYPE: MP

TOTAL: $776.23M

ACCT: **********0301 EXP: ****
AP: 064157
CUST CD: 091 TAX: 0.00

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

x Phone/fax to P.A.

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Div 13 Lot 21 gr. 1A
E-19842
ESTHER RHEA
PA 20061862
ATTN: Greg Ojeda
fax 858-694-3987

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 67

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ESTHER	-	RHEA	08/02/1938	06/22/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	CONRAD MORTUARY, FUNERAL DIRECTC 7387 BROADWAY LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY LEMON GROVE, CA 91945-1533	FD941	▶ Kim Beaulieu	07/31/2006

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	07/31/2006	NANCY L BOWEN, MD ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS STREET SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
DIS/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET - SAN DIEGO, CA 92102	11B. DATE BURIED 8-1-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jenson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE *FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED* OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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
Intigent Burial

City of San Diego

Date 07/26/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESTHER RHEA P.A. # 20061862

in a D.D. Crypt "A" (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside Delivery only ; Conrad Grant Mortuary 460-4601 - fax 460 8747

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 21 Grave 1A

Grave space & Care Fund	131.–
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	454.–
Burial Container	132.–
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.–
Sales taxes	10.23
Total Due	776.23
Paid receipt number	
Balance due	

P.A. Marco DelaToba
858-694-3501
858-694-3987

I hereby certify I am the X Public Administrator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X [signature], DPA
Signature

Paulette

X M. DelaToba, DPA
Print Name

X 5201-A Ruffin Rd
Address

X S.D. CA 92123
City Zip Code

X 858 694-3500
Telephone

Invoice # _____

Work Order # E-19842

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

619-527-3403

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Paid in full Res fee

Date 6-19-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Lizzie D. Richburg

in a T.S. vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 11 Section 1 Blk/Row _____ Lot 120 Grave 10

Grave space & Care Fund E-3872	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	355.-
Handling Fees	263.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	1243.51
Paid receipt number P-00350	1243.51
Balance due	Ø

PAID JUN 19 2006 MOUNT HOPE CEMETERY

I hereby certify I am the _____ X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Paulette

Work Order # E-19843

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need (Res) 1st Burial only

Date 7-27-06

#230320

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Darryl Lamark Johnson

in a DD crypt A (Type of Burial Container) Funeral, date, time mon July 31, 06 1:00

Church, Chapel, Graveside _____ : CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Claudette 229-2747 #275.00 will be applied and billed to undersigned. Bessie Johnson X

Division 12 Section 2 Blk/Row _____ Lot 100 Grave 2

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup (1)	$533.00
Burial Container DD crypt "A"	$539.00
Handling Fees	$454.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees (1)	$65.00
Sales taxes	$41.77
Total Due	$3,896.77
Paid receipt number pd by Visa	$3,896.77
Balance due	0

PAID JUL 27 2006 MOUNT HOPE

I hereby certify I am the mother X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#230321

I hereby authorize the interment in lot I hold under deed.

Bessie Johnson X (Signature)

mailed deed 8-1-06

X Bessie Johnson (Print Name)

X 4936 Palin St. (Address)

X San Diego CA 92113 (City, Zip Code)

X (619) 263-1632 (Telephone)

Invoice # _____

Work Order # E-19844

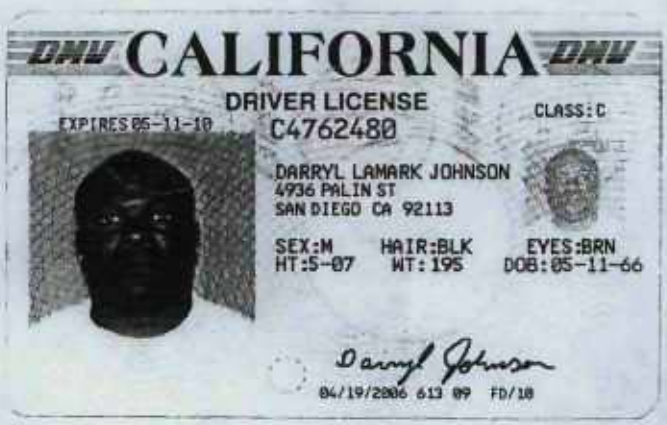
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19844



DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 05-11-10

C4762480

CLASS:C

DARRYL LAMARK JOHNSON
4936 PALIN ST
SAN DIEGO CA 92113

SEX:M HAIR:BLK EYES:BRN
HT:5-07 WT:195 DOB:05-11-66

Darryl Johnson

04/19/2006 613 09 FD/10

E19844

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER DD Crypt "A," st Burial

		#1 Colletta McKinney	X	#3 Samuel Caldwell	#4	#5 Christopher Reddick
					#10 Renix Graham	

Flagged Yes X No _____

Blind Check Initiated By: Sandra Date: 7-27-06

Interment space for: Darryl Lamark Johnson

Interment Date: mon July 31, 06 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: _____ Lot: 100 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 7-27-06

CREMAINS WERE PLACED _____

E19844
age 40

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DARRYL	L.	JOHNSON	05/11/1966	07/23/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	BESSIE JOHNSON, MOTHER 4936 PALM STREET SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	Bessie Johnson	7/28/2006

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	07/27/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7-31-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. James	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-27-06

#230329

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby Jazmine Fleming (2 weeks)

in a _____ Funeral, date, time Wednesday Aug 2 10:00

Type of Burial Container

Church (Chapel) Graveside _____ ; Bishop (Gwen) Mortuary 466-4462

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1082 Grave 1

Grave space & Care Fund	142.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.-
Burial Container 12"W x 26"L x 10½"H	99.-
Handling Fees	36.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-59721	527.67
Balance due	0

PAID
JUL 31 2006
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#230330

I hereby authorize the interment in lot I hold under deed.

See attached

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Signature _____

Invoice # _____

Work Order # E-19845

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-27-06

You are hereby authorized and instructed subject to your rules and regulations, to inter the remains of Baby Jazmine Fleming (2 weeks)

in a _____ Funeral, date, time Wednesday Aug. 2 10:00

Church Chapel Graveside _____ ; Bishop (Gwen) Mortuary. 466-4462

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

TO BE SELECTED

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund	142.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.-
Burial Container	99.-
Handling Fees	36.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	7.67
Total Due	527.67

Paid receipt number _____

Balance due _____

24" Long

I hereby certify I am the MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Candice Jenkins
Signature

Candice Jenkins
Print Name
6850 Doriana St. #16
Address
Sandiego 92139
City Zip Code
(619) 434-4125
Telephone

Invoice # _____

Work Order # E-19845

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Mortuary will pay

7/28/2006

E 19845

CALIFORNIA

D2433907 EXPIRES 07-14-06

CANDICE DEFRIECE JENKINS
3255 SHI-1 AVE 2
SAN DIEGO CA 92105

SEX:F HAIR:BLK EYES:BRN
HT:5-02 WT:273 DOB:07-14-85

AGE 21 OR 2009

Candice Jenkins

10/17/2002 SAC 75 FORD

E19845

E 19845

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ∅

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER _____

		Holmes		Barta		
Chute	Jones		X	Condors ##		

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 7/31

Interment space for: Baby Jazmine Fleming (2-weeks)

Interment Date: Weds. Aug. 2 Time: 10:00 AM

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1082 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: David Norris Date: 8-1-06

CREMAINS WERE PLACED _____

E19845

MT. HOPE CEMETERY
CITY OF SAN DIEGO (NON-RESIDENT)

PLEASE RETURN AS SOON AS POSSIBLE

TO: Bishop Mortuary
FROM: Mt. Hope Cemetery
MORTUARY:
DATE: 7/31/06
FAX NUMBER:
DECEASED NAME: Jazmine Fleming
PHONE NUMBER:

Signature of Mortuary Approval:

Infant & Child Liner Request Form- Non-Resident

In order to ensure that proper burial arrangements are made please fill out the following information and fax to Mt. Hope Cemetery immediately. Our fax number is (619) 527-3403.

Please circle the measurement that is the same or slightly *larger* than the burial container your mortuary will be using. Do not check a measurement that has a width, length, or height that is *smaller* than the burial container being used. Thank you for your cooperation.

Width	Length	Height	W	L	h	Width	Length	Height
14"	30"	13" ooa	12"	25"	10½"	18"	48"	16" o-a
16"	32"	16" bx				22"	51"	20" ox
18"	36"	16" o				20"	58"	22" #2
Above Measurements for Infant Div. 9 Sect. 1			Infant Ash in Div 9 Sec 1			Above Measurements for Children Div. 9 Sect. 2 & 3		
Total Cost: $701.31			Total Cost: $518.12			Total Cost: $1,112.03		

3751 MARKET STREET
SAN DIEGO, CA 92102
619-527-3400
FAX 619-527-3403

E19845

17 days old

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAZMINE	JADE	FLEMING	07/10/2006	07/27/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	CANDICE JENKINS, MOTHER 6860 DORIANA STREET SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673	▶	07/31/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	08/01/2006	NANCY L BOWEN, MD ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-2-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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

QUIT CLAIM TRANSFER

Date 07-28-06

#230278 #215868

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of From Mary E. Wilson Richardson to Hartwell Ragsdale III

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Veteran's Section

Division 11 Section 1 Blk/Row PAID Lot 22 Grave 9

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... AUG 0 2 2006 ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... MOUNT HOPE CEMETERY ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... Quit Claim Transfer (Res) $65.00

Sales taxes ..... _____

Total Due $65.00

Paid receipt number M/C AP 65.00 005009

Balance due 0

I hereby certify I am the _____ X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____
Signature

X _____
Print Name

X _____
Address

X See attached
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E-19846

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

QUIT CLAIM TRANSFER

Date 07-28-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of From Mary E. Wilson Richardson to Hartwell Ragsdale

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 22 Grave 9

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees Quit Claim Transfer (Reg)	$65.00
Sales taxes	
Total Due	$65.00
Paid receipt number	
Balance due	

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Mary E W Richardson X
Signature

X Mary E. Wilson Richardson
Print Name

X 740 S. 36th St. Apt. #213
Address

X San Diego, CA 92113
City Zip Code

X (619) 239-2068
Telephone

Invoice # _____

Work Order # E-19846

Acct. # _____

RSA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19846

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Res
Quit Claim Transfer
from Willie Thomas Jr.
Wilson to sister
Mary E. Wilson Richardson

Date 07-06-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary E. Wilson Richardson

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 22 Grave 9

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees Quit Claim Transfer (Res)	$65.00
Sales taxes	
Total Due	$65.00
Paid receipt number Pd by Visa	$65.00
Balance due	0

PAID
JUL - 6 2006
MOUNT HOPE CEM

I hereby certify I am the _____ X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Mary E W Richardson X
Signature

X MARY E WILSON R. CHARDSON
Print Name

X 7405 36th ST
Address

X SAN DIEGO CA 92113
City Zip Code

X 619 239-2068
Telephone

David Lugo

Invoice # _____

Work Order # E-19811

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19846

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: August 2, 2006

I/We Mary E. Wilson Richardson

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO Hartwell Ragsdale
Street Address: 5050 Federal Boulevard Apt / Unit #:
City: San Diego ST: CA Zip-Code: 92102
Telephone #: (619) 263-3141

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: Veteran's Section 11 Section: 1 Blk / Row:
Lot(s): 22 Grave(s): 9

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 2nd day August 2006

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

W. J. Ragsdale III
WITNESS

Mary E W Richardson
Legal Owner / Representative Signature

WITNESS

Legal Owner / Representative Signature

David Lugo
CEMETERY REPRESENTIVE NAME

Cemetery Representive Signature

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E19846

(COPY)

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-19811 **Veteran's Section** DATE: 7/6/2006

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: Mary E Wilson Richardson 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: 11 SECTION: 1 BLOCK / ROW: LOT: 22 GRAVE(s): 9
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

Veteran's Section Only valid for active duty or honorably discharged veteran

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 Ho 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 6th day of July, 2006.

Signature / Date

Cemetery Manager

Quit Claim Transfer
Reissued Deed E-19811

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

(Res)
pre-need
Trust
changing from
TS vault to
DD crypt Related
wo# E-9398

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-28-06

#218307 #230316

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Guy Albert Seggie & Felicita Vasquez Seggie

in a DD crypt (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Berge-Roberts Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row Lot 33 Grave 2

Grave space & Care Fund	D-6206	Ø
Overtime/Late Arrival Fees		
Opening/Closing & Setup	(1)	$533.00
Burial Container	DD crypt	$539.00
Handling Fees		$454.00
Flower vases – Marker setting fee		Ø
Recording/Filing/Transfer Fees		$65.00
Sales taxes		$41.77
Total Due		$1,632.77
	E-9398 cred.	$322.75
Paid receipt number		1,310.02
Balance due		$1,310.02
	P-00416	$262.00

PAID
JUN 9 2008
MOUNT HOPE CEMETERY

Already pd the 2nd OIC & RIF on E-9398

Balance $1,048.02

I hereby certify I am the Husband & Wifex of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Guy A Seggie X
Signature

Guy A Seggie would like to add Felicita Vasquez Seggie as co-purchaser to lot

X SEGGIE GUY A
First Name

X 744 Glencoe Dr.
Address

X SAN DIEGO CA 92114
City Zip Code

X 619 462-5035
Telephone

Invoice # _____

Acct. # _____

Work Order # E-19847

REA 104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Felicita V. Seggie - c/o Purchaser

E19847

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 04-04-08

N0093473

CLASS:C

GUY ALBERT SEGGIE
744 GLENCOE DR
SAN DIEGO CA 92114

SEX:M HAIR:BLK EYES:BLU
HT:5-07 WT:185 DOB:04-04-24

RSTR: CORR LENS 02

02/22/2005 669 43 FD/08

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 07-10-08

A0016148

CLASS:C

FELICITA VASQUEZ
722 SUNNYSIDE AVE
SAN DIEGO CA 92114

SEX:F HAIR:BRN EYES:BRN
HT:5-02 WT:135 DOB:07-10-44

09/02/2003 613 CD FD/08

E 19847

Change to DD Crypt
ON E-19847

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-3-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BERNIECE + GUY SEGGIE

in a T.S. VAULT (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; BERGE + ROBERTS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

AND Lot 2972 33 Grave 2 Row — Section 1 Division/~~Block~~ 10 11

Grave space & Care Fund Pre Need (C-3515 D-6206)	Ø
Additional spaces and care fund	
Opening/Closing & Setup 2 O/C @ 320.00	640.00
Burial Container 2 T.S. VAULTS - @ 175.00	350.00
Handling Fees 2 @ 170.00	340.00
Flower vases - Marker setting fee	
Recording and filing fee 2 @ 35.00	70.00
Sales taxes 2 @ $12.25	24.50
Total Due	1424.50
Paid receipt number 40646	70.50
Balance due	1354.00
6/3 40774	60.00
	1294.00

I hereby certify I am the _____ *of the above named decedent* and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

(OVER →)

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Guy A. Seggie
Signature

744 Glencoe DR
Address

San Diego CA 92114
State Zip Code

[illegible]
Telephone 462-5035

Invoice # _____

Work Order # E 9398

Acct. # _____

PY-593 (REV. 8-85)

E 19847

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00416

Date: 7-28-06, 20 06

From: Guy A Seggie Address: 744 Glencoe Dr

Two hundred & Sixty-Two 00/100 Dollars ($ 262.00)

in PART Payment of Pre-Need Trust

Div 11 Sec 1 Blk/Row Lot 33 Grave 2

Invoice No. E-19847

Acct. No.

W.O.

BALANCE DUE $1,048.02

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

#726 ☑ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
JUL 28 2006
MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	262	00
Trust	77186		
TOTAL PAID		$ 262	00

FINA R. VASQUEZ
722 SUNNYSIDE AVE.
SAN DIEGO, CA 92114-4815

90-7162/3222
0943403600

726

DATE 07/28/06

PAY TO THE ORDER OF Mount Hope Cemetery $ 262.00

Two Hundred Sixty Two

Washington Mutual

Washington Mutual Bank, FA
Spring Valley Financial Center 1231
619 Sweetwater Road
Spring Valley, CA 91977
1-800-788-7000
24 hour Customer Service

NOTES

Felicita R. Vasquez

WITNESS our hands this day and year above written.

work order
E-#19847

TOTAL $ 1,310.02

DOWNPAYMENT $ 262.00 - P00416

23 MONTHS $ 44.00

FINAL
24 MONTH $ 36.02

TWO YEAR CONTRACT

I agree to pay the required monthly payments of $ 44.00 for 23 months. Final payment to be $ 36.02 on the 24 month.

First monthly payment to begin on:

MONTH August 15th

YEAR 2006

Purchaser's Signature Guy A Seggie

C/O Purchaser Felicita V. Seggie

PURCHASER PHONE 619-462-5035

X Guy A. Seggie
Print Name

X Guy A Seggie
Signature

X 744 Glencoe Dr.
Street Address (Mail)

X SAN DIEGO, CA. 92114
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra

SLW:st(62-1)
1-23-90

First payment Due Aug 28, 06 Monthly $44.00

Pin # 218307 C/O Purchaser Felicita Vasquez Seggie Pin#230316

Seggie, Guy A 744 Glencoe Dr San Diego, CA. 92114 619. 462-5035 E-19847

div 11 Sec 1 Lot 33 Grave 2				DEBIT	CREDIT	BALANCE
07-28-06	Opened pre-need Trust, trust to include a change from E-9398 from a TS Vault to a DD Crypt credit from E-9398 to carry over to E19847			1,310.02	$262.00	$1,048.02
8-16-06	R-59746	Coupon #1	Aug 2006		44.00	1,004.02
9-15-06	P-00495	Coupon #2	Sept 2006		44.00	$960.02
10-16-06	P-00530	Coupon #3	Oct 2006		44.00	916.02
11-15-06	~~P~~ Payment #4		Nov - 2006		44.-	872.02
12/19/06	M/C	Coupon #5	Dec 2006		44.-	828.02
1/17/07	Paid w/Check 1137 #6		Jan 2007		44-	784.02
2/2/07	Money order	P-00679 #7	Feb 2007		44.-	740.02
3/15/07	" "	P-00749 #8	Mar 2007		44.-	696.02
4-16-07	" "	P-00789	Apr 2007		44-	652.02
5-15-07	"	P-00825	May 2007		44-	608.02
6/13/07	"	P-00859	June 2007		44	564.02
7/11/07	Cashiers Check	P-00894 416765370	July 2007		44-	520.02
8-2-07	"	Check P-00917	Aug 07		44-	476.02
9-14-07		Check P-00970	Sept. 07		44-	432.02
10/15/07	Money order	~~Ck~~ P-01010	Oct 07		44-	388.02
11/09/07	" "	P-01041	Nov 07		44	344.02

-OVER-

E-19847

Guy, Reggie

11-9-07	Balance Forwarded			344 02
12-14-07	P-01070		44 —	300 02
1-14-08	P-01102		44 —	256 02
2-8-08	P-01130	Coupon #19	44 —	212 02
3-12-08	P-01167	#20	44 —	168 02
4-14-08	P-012	Coupon # 21	44 —	124 02
5-13-08	P01235	# 22	44 —	80 02
6-09-08	P01268		80 —	— 0 —

PAID
JUN 9 2008
POINT HOPE CEMETERY

E19847

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-19847 DATE: 7/24/2009

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: Guy Albert Seggie 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 $200.00 situated in Mount Hope Cemetery described as:

DIVISION: 11 SECTION: 1 BLOCK / ROW: LOT: 33 GRAVE(s): 2
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 24th day of July, 2009.

Signature / Date

Cemetery Manager

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

MT HOPE CEMETERY

E19847

Transaction History

Contract: E-19847-T

Contract Date: 07/28/2006
Purchased By: Seggie, Guy Albert
744 Glenoe Dr
San Diego, CA 92114
619-462-5035

Status: Paid In Full
Co-Purchaser: Seggie, Felicita Vasquez

Dept: Mt Hope Cemetery
Counselor: SANDRA BROLLINI

Deferred Payment Price	**1,632.77**	**Amount Paid**	**1,632.77**	**Balance Due**	**0.00**
Base Price	1,591.00			Amount Financed	1,048.02
Interest	0.00	Downpayment	584.75	Number of Installments	24
Sales Tax	41.77	Transfer Allowance	0.00	Regular Payment of	44.00
Credit Life	0.00	Discount	0.00	Odd Payment of	36.02
		Late Charges/Fees	0.00	Date First Payment Due	08/28/2006
				Payment Plan	Monthly

Items Purchased	**Quantity**	**Qty Fulfilled**	**Price**
O/C Resident PN - 1st Dbl Depth SD Resident	1	0	533.00
O/C Resid PN - Dbl/D Crypt SD Resident	1	0	539.00
Hndl Fee Res PN - Crypt Hndl SD Resident	1	0	454.00
Misc -Resid PN - Recording Fee SD Resident	1	0	65.00

Date	**Transaction Type**	**Receipt No - Ref No**	**Trans**	**Amount**	**Allocations**
07/28/2006	**Downpayment**	**6781 -- P-00416**	**0**	**584.75**	584.75 P/N Trust
08/16/2006	**Installment Payment**	**6836 -- R-59746**	**1**	**44.00**	44.00 P/N Trust
09/15/2006	**Installment Payment**	**6934 -- P-00495**	**2**	**44.00**	44.00 P/N Trust
10/16/2006	**Installment Payment**	**7016 -- P-00513**	**3**	**44.00**	44.00 P/N Trust
12/19/2006	**Installment Payment**	**7269 -- MC AP995934**	**6**	**44.00**	44.00 P/N Trust
11/15/2006	**Installment Payment**	**7270 -- MC**	**7**	**44.00**	44.00 P/N Trust
01/17/2007	**Installment Payment**	**7441 -- Check 1137**	**8**	**44.00**	44.00 P/N Trust
02/02/2007	**Installment Payment**	**7492 -- P-00679**	**9**	**44.00**	44.00 P/N Trust
03/15/2007	**Installment Payment**	**7707 -- P-00749**	**10**	**44.00**	44.00 P/N Trust
04/16/2007	**Installment Payment**	**7812 -- p-00789**	**11**	**44.00**	44.00 P/N Trust
05/[illegible]/2007	**Installment Payment**	**7884 -- P-00825**	**12**	**44.00**	44.00 P/N Trust
06/13/2007	**Installment Payment**	**7966 -- P00859**	**13**	**44.00**	44.00 P/N Trust
07/11/2007	**Installment Payment**	**8038 -- P00894**	**14**	**44.00**	44.00 P/N Trust
08/02/2007	**Installment Payment**	**8119 -- P-00917**	**15**	**44.00**	44.00 P/N Trust
09/14/2007	**Installment Payment**	**8214 -- P-00970**	**16**	**44.00**	44.00 P/N Trust
10/15/2007	**Installment Payment**	**8298 -- P-01010**	**17**	**44.00**	44.00 P/N Trust
11/09/2007	**Installment Payment**	**8370 -- P-01041**	**18**	**44.00**	44.00 P/N Trust
12/11/2007	**Installment Payment**	**8431 -- P01070**	**19**	**44.00**	44.00 P/N Trust
01/14/2008	**Installment Payment**	**8495**	**20**	**44.00**	44.00 P/N Trust
02/08/2008	**Installment Payment**	**8555 -- P-01130**	**21**	**44.00**	44.00 P/N Trust
03/13/2018	**Installment Payment**	**8637**	**22**	**44.00**	44.00 P/N Trust
06/02/2008	**Installment Payment**	**8914**	**23**	**44.00**	44.00 P/N Trust
06/02/2008	**Installment Payment**	**8915**	**24**	**44.00**	44.00 P/N Trust
06/02/2008	**Installment Payment**	**8916**	**25**	**80.02**	38.25 P/N Trust
	TOTALS:			**1,632.77**	

Transaction History Summary:

Fund Name	**Original Amount**	**Allocations**	**Amount Due**	**Amount Cancelled**

MT HOPE CEMETERY

E19847

Transaction History

Contract: E-19847

Transaction History Summary:	Fund Name	Original Amount	Allocations	Amount Due	Amount Cancelled
	P/N Trust	1,591.00	1,591.00		
	TOTALS:		1,591.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
Non-res

Date 7-31-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mozelle Lee #212003

in a Liner (Type of Burial Container) Funeral, date, time Friday Aug 4 ~~12:30~~ 1:30

Church, Chapel, Graveside Witness Johnson Fun. Home 325-655-3112 / Beardsley Mortuary Mitchell

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 4 Blk/Row _____ Lot 52 Grave 45

Grave space & Care Fund A-6527	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	275.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	27.82
Total Due	1,454.82
Paid receipt number R-59725 A	1,454.82
Balance due	0

PAID
AUG 02 2006
MOUNT HOPE CEMETERY

fax 325-658-6379

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Paulette

Invoice # _____

Work Order # E-19848

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Fed-x monies

copy

Johnson Fun. Home in Texas - counselor = Minths
325-655-3113
fax 325-658-6379

E 19848

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-31-06

At need
Non-res

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mozelle Lee

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside Delivery Witness Johnson Fun Home / Boardsley Mortuary Mitchell

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____ will be applied and billed to undersigned.

325 655 3113

Division 7 Section 4 Blk/Row ____ Lot 52 Grave 45

Grave space & Care Fund	A-6527
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	275.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	27.82
Total Due	1454.82

PAID AUG 02 2006 MOUNT HOPE CEMETERY

fax 325 658-6379

Paid receipt number ____ Balance due ____

I hereby certify I am the x Cousin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Elwin O. Myers (Signature)

x ELWIN MYERS (Print name)
x 5103 CAREW (Address)
x HOUSTON TX 77096 (City, Zip Code)
x 713-664-2005 (Telephone)

Paulette

Invoice # ____

Work Order # E-19848

Acct. # ____

This information is available in alternative formats upon request.

BR-A-104 (3-04)

Fax 619 527-3403

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

59725

Funeral

Date: 8-2, 20 06

From: Johnson's Home Address: 435 W. Beauregard San Angelo TX

One Thousand four hundred, fifty-four and 82/100 Dollars ($ 1,454.82)

in full Payment of Interment of Mozelle Lee Delivery Only.

Div 7 Sec 4 Blk/Row Lot 52 Grave 45

Invoice No. E-19848

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 02 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	709.00
Opening/	100	
Closing	77181	359.00
Burial	100	
Containers	77182	275.00
	100	
Handling Fee	77185	85.00
Recording &	100	
Misc. Fees	77183	
Sales Tax	60101	27.82
	78390	
TOTAL PAID	$	1454.82

AC-212A (11-05)
This information is available in alternative formats upon request.

219848

12742

JOHNSON'S FUNERAL HOME
435 W. BEAUREGARD PH. 325-655-3113
SAN ANGELO, TX 76903

THE FIRST NATIONAL BANK
OF MERTZON
Mertzon, Texas 76941

88-1178/1113

DATE AUGUST 1, 2006

PAY THE SUM 1454 DOLS 82 CTS DOLLARS $ 1454.82

TO THE ORDER OF
MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA.

J. Ellis

⑈012742⑈ ⑆111311785⑆ 1707221⑈

Details on back. Security Features Included.

JOHNSON'S FUNERAL HOME

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DELUXE - FORM WVC-3 V-2

DATE	DESCRIPTION	AMOUNT
08-01-2006	CEMETERY EXPENCE FOR MOZELLE H. LEE SERVICE # 11340	$ 1,454.82

V-2

E 19848

E19848

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

	Tatter	Ervin Lee	X	Leary	Wisencot	
		Neal	Whalley			

Flagged **Yes** ✓ **No** ____

Blind Check Initiated By: Paulette Date: 8-3-06

Interment space for: Mozelle Lee

Interment Date: Delivery Time: 12:30

Div: 7 Sect: 4 Blk/Row: ____ Lot: 52 Gr: 45

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-3-06

CREMAINS WERE PLACED ____

E 19848
age 94

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
NOZELLE	HATTER	LEE	05/05/1912	07/28/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN ANGELO	TOM GREEN , TX	ELWIN MYERS, COUSIN 5103 CAREW HOUSTON, TX 77096

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVE. SAN DIEGO, CA 92103	FD119

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
		▶ [illegible]	08/03/2006

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	S.D. LOPEZ 08/03/2006	▶ 2604753

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS STREET, SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-4-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need
(Res)
New born

Date 7-31-06

#230331

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leticia Rincon-Gallardo

in a Liner Bx (Type of Burial Container) Funeral, date, time Thurs Aug 3rd 2006 10:30

Church, Chapel, Graveside : Cypress View Mortuary John 264-3168

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned.

PAID

JUL 31 2006

MOUNT HOPE CEMETERY

Division 9 Section 1 Blk/Row _____ Lot 435 Grave _____

Grave space & Care Fund	$142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$178.00
Burial Container: Liner Bx	$99.00
Handling Fees	36.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	$65.00
Sales taxes	$7.67
Total Due	$527.67
Paid receipt number pd by M/C	527.67
Balance due	0

I hereby certify I am the Mother X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#230332

I hereby authorize the interment in lot I hold under deed.

Leticia Franco X
Signature

X Leticia Franco
Print Name

X 114 26th ST.
Address

X SAN DIEGO 92102
City Zip Code

X (619) 234-6575
Telephone

Invoice # _____

Work Order # E-19849

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

26" long
12" - wide
9" - High
Casket

E19849

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER (BX) Still born Infant

Horton Ave ↔

			#435 X			

Flagged Yes (X) **No** ____

Blind Check Initiated By: Sandra Date: 7-31-06

Interment space for: Leticia Rincon-Gallardo

Interment Date: Thurs Aug 3rd, 06 Time: 10:30 (GS)

Div: 9 Sect: 1 Blk/Row: ____ Lot: 435 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-1-06

CREMAINS WERE PLACED ____

MT. HOPE CEMETERY
CITY OF SAN DIEGO (RESIDENT)

PLEASE RETURN AS SOON AS POSSIBLE

TO:

FROM: Mt. Hope Cemetery

MORTUARY: Cypress View

DATE: 7/31/06

FAX NUMBER: 619-264-5206

DECEASED NAME: Leticia Rincon-Gallardo

PHONE NUMBER: 264-3168

Signature of Mortuary Approval: [signature]

Infant & Child Liner Request Form- Resident

In order to ensure that proper burial arrangements are made please fill out the following information and fax to Mt. Hope Cemetery immediately. Our fax number is (619) 527-3403.

Please circle the measurement that is the same or slightly *larger* than the burial container your mortuary will be using. Do not check a measurement that has a width, length, or height that is *smaller* than the burial container being used. Thank you for your cooperation.

Width	Length	Height		Width	Length	Height
12"	25½"	8½"				
14"	30"	13" ooa		18"	48"	16" o-a
16"	32"	16" bx		22"	51"	20" ox
18"	36"	16" o		20"	58"	22" #2
Above Measurements for Infant Div. 9 Sect. 1			Infant Ash in Div 9 Sec 1	Above Measurements for Children Div. 9 Sect. 2 & 3		
Total Cost: $527.67			Total Cost: $477.12	Total Cost: $835.46		

3751 MARKET STREET
SAN DIEGO, CA 92102
619-527-3400
FAX 619-527-3403

E19849

DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 10-22-11

D2026186

LETICIA FRANCO
114 26TH ST
SAN DIEGO CA 92102

SEX:F HAIR:BRN EYES:BRN
HT:5-05 WT:125 DOB:10-22-83

04/14/2006 506 ES FD/11

E19849

Acknowledgement

The family wishes to acknowledge with gratefulness each act of kindness and every expression of sympathy shown during our time of sorrow.

Casket is 26" long
12" wide
9" high
outside dimensions

Leticia Franco

Final Arrangements Entrusted To:

Cypress View Chapel-FD670
3953 Imperial Avenue
San Diego, California 92113
Phone: (619) 264-3168

© 2004 Nadezhda Strulkins, Hope Inc., Westlake, CA
Printed in U.S.A.

601 MESSENGER

E 19849

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LETICIA	-	RIBCON-GALLARDO	07/22/2006	07/22/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]N DIEGO	SAN DIEGO	LETICIA FRANCO - MOTHER 114 26TH ST SAN DIEGO CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - IMPERIAL AVE 8953 IMPERIAL AVE SAN DIEGO CA 92113	FD-670	▶	07/28/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/02/2006 L. CASTRO	2604748 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
[redacted]TERING/BURIAL [redacted]T SEA OR [redacted]OSITION OTHER [redacted] IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 7-31-06

#230327

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hussain Sharioss Muhammad 20yrs

in a Muslim Slab (Type of Burial Container) Funeral, date, time Weds. Aug 2 1:00

Church, Chapel, Graveside : Preferred Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division Muslim Section _____ Blk/Row _____ Lot 165 Grave _____

Grave space & Care Fund E-18135	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container Muslim Slab	114.00
Handling Fees	—
Flower vases – Marker setting fee ✓	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	8.84
Total Due	898.84
Paid receipt number R-59723	898.84
Balance due	0

PAID JUL 31 2006 MOUNT HOPE CEMETERY

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X

Signature

X Print Name

X Address

X City Zip Code

X Telephone

Invoice # _____

Work Order # E-19850

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19850

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Slab, Adult

			X	AZIZ	AMIN	

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 8-1-06

Interment space for: Husain Shaniss Muhammad 20yrs

Interment Date: Weds Aug 2 Time: 1:00

Div: Muslim Sect: ____ Blk/Row: ____ Lot: 165 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E79850

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 20

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HUSSAIN	-	MUHAMMAD	05/13/1986	07/27/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CORONADO	SAN DIEGO	WALI MUHAMMAD, FATHER 645 SEARS AVENUE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ [signature]	08/02/06

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	08/02/2006	▶ NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-2-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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.)

1st Burial
ONly
AT-Need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-31-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cruz Alberto Peraza #230324

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Tues Aug 1st, 06 1:00 Pm.

Church, Chapel, Graveside ; Threshold 619 390-1411 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row ____ Lot 121 Grave 8

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$533.00
Burial Container DD Crypt "A" 1st Burial only	539.00
Handling Fees	454.00
Trions wo# 5045 Flower vases - Marker setting fee $65.71 + $178.00	$243.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	$4,140.48
Paid receipt number R-59722	$4,140.48
Balance due	0

PAID
JUL 31 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Wife X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Daisy Perez X
Signature

X Daisy Perez #230325
Print Name

X 3974 Bancroft #2
Address

X San Diego Ca 92116
City Zip Code

X (619) 313-1986
Telephone

Invoice # ____

Work Order # E-19851

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19851

CALIFORNIA
ALBERTO PERAZA
4541 33RD ST APT 5
SAN DIEGO CA 92116
SEX:M HAIR:BRN
HT:5-11 WT:210
11/20/2002 613 C1 F0/00

E 19851

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER DD Crypt 1st Burial

		#1 Jessie Jones	#2			
		#7 Olea Vega	#8 X	#9	#10 Espinoza Rogelio	

Flagged Yes X **No**

Blind Check Initiated By: Sandra Date: 7-31-06

Interment space for: Alberto Peraza

Interment Date: Tues Aug 1st, 06 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 171 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-1-06

CREMAINS WERE PLACED _____

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

E19851
59722
619 667-4590

Date: 7-31-06, 20 06

From: The B.I.T. Company Address: 8085 La Mesa Blvd CA. 91941

Four Thousand one hundred Forty dollars 48/100 Dollars ($ 4,140.48)

in Full Payment of AT-Need For Alberto Peraza, marker Setting Fee & Trion Vase

Div 12 Sec 2 Blk/Row Lot 121 Grave 8

Invoice No. E-19851

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check # 884

AC-212A (11-05)
This information is available in alternative formats upon request

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
JUL 31 2006
MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101		
	78390		
TOTAL PAID	$	4,140	48

THE B.I.T. COMPANY
TRI BUSINESS SERVICES, INC.
8085 LA MESA BLVD.
LA MESA, CA 91941
619-667-4590

INVOICE	AMOUNT	INVOICE	AMOUNT

90-8575
3222

8884

PAY Four thousand one hundred forty & 48/100 DOLLARS

CHECK AMOUNT

DATE	TO THE ORDER OF	DESCRIPTION	ACCT. NO.	CHECK NO.	
7/31/06	Mount Hope Cemetery	Re Alberto Peraza		8884	$ 4140.

GENERAL ACCOUNT

WESTERN FINANCIAL SAVINGS BANK
7877 PARKWAY DR. LA MESA, CA 91942

Cynthia Beck

⑈008884⑈ ⑆322285752⑆ 0620003590⑈

SECURITY FEATURES: MICRO PRINT BORDERS - COLORED BRICK PATTERN - WATERMARK ON REVERSE SIDE - MISSING FEATURE INDICATES A COPY

01018677458001

E 19851

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 34

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CRUZ	ALBERTO	PERAZA	11/19/1971	07/28/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DAISY PEREZ, WIFE 3974 BANCROFT STREET, #2 SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
THRESHOLDS, 8719 LOS COCHES ROAD LAKESIDE, CA 92040	FD1788	▶	07/31/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/31/2006	NANCY L BOWEN, MD ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-1-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Norris	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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.

AT-Need
Indigent Burial
PIN #2

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-2-06

PIN #230333

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Karen Parsche PA# 20061669

in a DD crypt B (Type of Burial Container) Funeral, date, time Fri aug 4, 06 9:00 A.m.

Church, Chapel, Graveside Delivery only. Aztlan Leg 234-3307 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 21 Grave 1B

Grave space & Care Fund	$131.00
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	$454.00
Burial Container DD crypt B	$132.00
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	$49.00
Sales taxes	$10.23
Total Due	$776.23
Paid receipt number Visa AP 091265	776.23
Balance due	0

PAID
AUG 02 2006
MOUNT HOPE CEMETERY

I hereby certify I am the _____ X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____
Signature

X See attach
Print Name

X for signature
Address

X
City Zip Code

X
Telephone

PA-John Edwards
858 694-3519
Fax 858-694-3987

Work Order # E-19852

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19852

APPROVED FOR PYMT

BY [signature] DATE 8/2/06

AT-Need
Indigent Burial
pin #2

MT HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 8-2-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Karen Parsche PA# 20061669

in a DD Crypt B (Type of Burial Container) Funeral, date, time Fri Aug 4, 06 9:00 A.m.

Church, Chapel, Graveside Delivery only, Aztlan Leg 234-3307 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 13 Section _____ Blk/Row _____ Lot 21 Grave 1 B

Grave space & Care Fund	$131.00
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	$454.00
Burial Container DD Crypt B	$132.00
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	$49.00
Sales taxes	$10.23
Total Due	$776.23

PAID
AUG 0 2 2006

PAID
AUG 0 2 2006
MOUNT HOPE CEMETERY

Paid receipt number _____

Balance due _____

I hereby certify I am the Public Administrator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

PAID
USING P-CARD
8/2/06

I hereby authorize the interment in lot I hold under deed.

[signature], SDPA X
Signature

PA - John Edwards
858 694-3519
Fax 858-694-3987

X M. DeLaTobi SDPA
Print Name

X 5201 A Riffin Rd
Address

X SD CA 92123
City Zip Code

X 858 694 3507
Telephone

Invoice # _____

Acct. # _____

Work Order # E-19852

REA-164 (3-04)

This information is available in alternative formats upon request.

X99 CASE# 20061669

E19852

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 08/02/06 TIME: 11:13:40
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0003
BATCH: 149
CD TYPE: VISA
TR TYPE: MP

TOTAL: $776.23M

ACCT: **********0381 EXP: ****
AP: 091265
CUST CD: 091 TAX: 0.00

PAID
AUG 0 2 2006
MOUNT HOPE CEMETERY

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X phone/mail
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Payment of Indigent:
Karen Parche PA# 20061669
E-19852
Division 13 Lot 21 Gr. 1B

E19852

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KAREN	--	PARSCHE	03/20/1944	05/12/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	UNDER INVESTIGATION, M.E. OFFIC 5555 OVERLAND AVENUE SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658		07/31/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	07/31/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
DISINTERMENT/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 8-4-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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
Resident fee

Date 8-2-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur Melvin Anderson #230334

in a Liner (Type of Burial Container) Funeral, date, time Mon. Aug. 7th 11:00

Church, Chapel, Graveside ; Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row — Lot 126 Grave 2

Grave space & Care Fund E-7288	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases - Marker setting fee ✓ R-59732	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	1,094.93
Paid receipt number R-59726 $	1,094.93
Balance due	0

PAID
AUG 04 2006
MOUNT HOPE CEMETERY

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#206401

I hereby authorize the interment in lot I hold under deed.

X
Signature

X
Print Name

X
Address

X
City Zip Code

X
Telephone

Paulette 6583 Oskr St SD CA 92111

Invoice # _____

Work Order # E-19853

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 19873

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

		KING		POLK		
		TAYLOR	X			
		ROJAS	CANNON	CAMACHO		

Flagged **Yes** X **No** /

Blind Check Initiated By: KEVIN Date: 8/3/06

Interment space for: Arthur Anderson

Interment Date: Monday Aug 7 Time: 11:00

Div: 11 Sect: 2 BlK/Row: ____ Lot: 126 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E19853

59726

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

Date: August, 20 06

From: Ragsdale Address: 5050 Federal Blvd. SD. 92102

One Thousand Ninety-four and 93/00 Dollars ($ 1,094.93)

in Full Payment of Interment of Arthur M. Anderson

Div 11 Sec 2 Blk/Row Lot 126 Grave 2

Invoice No. E-19853

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

AUG 04 2006

MOUNT HOPE CE

ISSUED BY Sandra

CREDIT	67007	—	
20% Sales Care	77184	—	
80% Sales	100		
of Lots	77184		
Opening/	100	533	00
Closing	77181	270.	00
Burial	100		
Containers	77182	206	00
	100		
Handling Fee	77185	65.	00
Recording &	100	—	
Misc. Fees	77183		
Sales Tax	60101		
	78390	20	93
TOTAL PAID	$	1094	93

AC-212A (11-05)
This information is available in alternative formats upon request.

13635

ANDERSON-RAGSDALE MORTUARY, INC.
5050 FEDERAL BLVD.
SAN DIEGO, CA 92102
619-263-3141

SAN DIEGO NATIONAL BANK
1420 KETTNER BLVD.
SAN DIEGO, CA 92101
90-3868/1222

08/04/2006

PAY TO THE ORDER OF Mt. Hope Cemetery $ **1,094.93

One Thousand Ninety-Four and 93/100********** DOLLARS

Security features. Details on back.

Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102

MEMO: Gravesite: 2006-162 Anderson, Arthur

⑈013635⑈ ⑆122238682⑆ 7003850480⑈

E19853

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 84

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARTHUR	MELVIN	ANDERSON	07/22/1922	08/01/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RUTHIE SHELBY-ANDERSON, WIFE 6563 OSLER STREET SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329		08/03/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	08/04/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-7-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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.12/94)

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

Date 8-7-06

#230335

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Debbie Sims LATE ARRIVAL 3:15

in a Liner (Type of Burial Container) Funeral, date, time Wed's Aug 9 1:00

Church, Chapel, Graveside _____ ; Anderson-Ragsdale Mortuary

Mt. Erie

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 240 Grave 12

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number	R-59731 3358.93
Balance due	Ø

PAID AUG 08 2006 MOUNT HOPE CEMETERY

I hereby certify I am the God Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#230336

I hereby authorize the interment in lot I hold under deed.

Angelique Patterson (Signature)

Angelique Patterson (Print Name)

1412 Marline Ave (Address)

El Cajon 92021 (City, Zip Code)

619 749 9491 (Telephone)

cell #(619) 818-2167

Billed late arrival fee

Paulette 8-10-06 sent to collections for late arrival fee on 8-29-06

1412 Marline Ave 92021 INVOICE

Invoice # 448753

Work Order # E-19854 Acct. # 137388

pd late arrival by mlc 9-21-06 AP 076215

REA-104 (3-04) This information is available in alternative formats upon request.

© Printed on recycled paper

E 19854

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

	Anderson					
		carmichael	X			
	Wilkins					

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 8-7

Interment space for: Debbie Sims / Bobbie Robinson

Interment Date: 8-9-06 Time: 1:00 Church

Div: 12 Sect: 3 Blk/Row: ____ Lot: 240 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: ____

CREMAINS WERE PLACED _____

E19854

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 48

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DEBBIE	MARIE	SIMS	10/14/1957	08/02/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KOURESSA PHILLIPS, AUNT 8550 CITRUS AVENUE #27 FONTANA, CA 92335

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Blair Sandbell	08/03/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	11.00	08/04/2006	NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-9-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kura F. Sanyo	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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 –	14B. 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 –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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.)

E19854

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 09/21/06 TIME: 12:28:38
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 175
CD TYPE: MC
TR TYPE: PR

TOTAL: $391.00

ACCT: **********8071 EXP: ****
AP: 076215
NAME: EDNA MALONE
CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X Edna Malone

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

paid for late arrival fee of $213.00
Also pd for marker setting fee $178.00
for Debbie Sims
E-19854
Div 12 Sec 2 Lot 240
GR 12

MT. HOPE CEMETERY

INTERMENT ORDER

At need in casket of Debbie Sims City of San Diego

Date 8-7-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bobbie Robinson ⊗ #230337

in a N/A (Type of Burial Container) Funeral, date, time Weds, Aug 9 1:00

Church, Chapel, Graveside _____ Anderson Rosedale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 240 Grave 12

Grave space & Care Fund ..... E-19854 ..... —

Overtime/Late Arrival Fees ..... —

Opening/Closing & Setup ..... —

Burial Container ..... —

Handling Fees ..... —

Flower vases – Marker setting fee ..... —

Recording/Filing/Transfer Fees ..... —

Sales taxes ..... 65 –

Total Due ~~R-59735~~ 65 –

Paid receipt number R-59735 65

Balance due ∅

PAID
AUG 09 2006
MOUNT HOPE CEMETERY
PL

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E-19855

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19855

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Debbie M. Sims E-19854

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

	Anderson					
		Carmichael	X			
	Wilkins					

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 8-7

Interment space for: Debbie Sims / ~~Bobbie Robinson~~

Interment Date: 8-9-06 Time: 1:00 Church

Div: 12 Sect: 3 Blk/Row: ____ Lot: 240 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Ken F Jerry Date: ____

CREMAINS WERE PLACED In Casket with Debbie Sims R/O E-19854

E 19855

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

age 63

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BOBBIE	-	ROBINSON	09/15/1941	07/29/2004	F

5A. PLACE OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KOURESSA PHILLIPS: AUNT 8550 CITRUS AVE., #27 FONTANA, CA 92336

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-[illegible]SDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	1329 FD1329	Sennikatyor	08/07/2006

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	$21.00	S.PRYOR 08/08/2006	2604765

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT.HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-9-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 8-7-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fannie E. McFarlin #213348

in a Liner (Type of Burial Container) Funeral, date, time August 14th Mon. 10:00

Church, Chapel Graveside Berge Roberts 619-474-6565 Robert Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. X

Division 11 Section 1 Blk/Row _____ Lot 76 Grave 4

Grave space & Care Fund	D - 8112	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	E-16194	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	"	—
Sales taxes	"	—
Total Due		0
Paid receipt number		—
Balance due		0

fax 474-8546

I hereby certify I am the _____ X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X
Signature

X
Print Name

X
Address

X
City Zip Code

X
Telephone

Paulette

Invoice # _____

Work Order # E-19856

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19856

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

		Klock	K Locke			
		Harris	X	Sharpe	Bell	
			Williams	Johnson		

Flagged Yes ✓ **No** _____

Blind Check Initiated By: Paulette Date: 8-7

Interment space for: Fannie McFarlain

Interment Date: August 14 Monday Time: 10:00

Div: 11 Sect: 1 Blk/Row: _____ Lot: 76 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-11-06

CREMAINS WERE PLACED _____

E19856

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 95

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FANNIE	E.	MCFARLIN	04/23/1911	08/07/2006	F

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EVERGREEN PARK	ILLINOIS	YVONNE WILLIAMS-DAUGHTER 462 W. 125th PL. CHICAGO IL 60628

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-N.C. 607 NATIONAL CITY BLVD. NATIONAL CITY CA 91950	FD-284	▶	08/11/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/11/2006 C GRIER	2604811 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-	VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 8-16-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 8-7-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby Claypoole #207260

in a T.S. Vault (Type of Burial Container) Funeral, date, time Mon. Aug. 14th 11:00

Church Chapel, Graveside _____ Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 22 Grave 4

Grave space & Care Fund D-3190	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	355.-
Handling Fees	263.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	1,243.51
Paid receipt number R-59734	1,243.51
Balance due	Ø

PAID
AUG 11 2006
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached for signatures

Paulette

Invoice # _____

Work Order # E-19857

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

pd 1-3-07 vincent claypoole 619-262-0234

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 8-7-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby Claypoole

in a T.S. Vault (Type of Burial Container) Funeral, date, time Mon. Aug. 14th 11:00

Church Chapel Graveside Ragsdale Mortuary.

All funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row _____ Lot 22 Grave 4

Grave space & Care Fund D-3190	—
Over time/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	355.-
Handling Fees	263.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	1,243.51
Paid receipt number	
Balance due	

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Melbalen C. Hills

Paulette

x Melbalen C. Hills (First Name)
x 7520 Skyline (Address)
x San Diego, CA 92114 (City, Zip Code)
x 619. 479. 1239 (Telephone)

Invoice # _____

Work Order # E-19857

Acct. # _____

RGM-1 24 (3-04)

This information is available in alternative formats upon request.

hospice 5E0-105 Valpaso Hawaii E19857

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 83

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RUBY	MELBALENE	CLAYPOOLE	04/22/1923	08/05/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MELBALEN C. HILLS, DAUGHTER 7570 SKYLINE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329		08/08/2006

ACKNOWLEDGEMENT OF APPLICANT – I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 100056 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	08/08/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. WHOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-14-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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.)

E 19857

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER TOPSEAL VAULT

			Kilby	Smith		
		claypoole	X	Jackson		

Flagged **Yes** X **No** _____

Blind Check Initiated By: Prudente Date: 8/11/06

Interment space for: Ruby Claypoole

Interment Date: Mon Aug 14 Time: 11:00

Div: 11 Sect: 1 Blk/Row: _____ Lot: 22 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morrison Date: 8-11-06

CREMAINS WERE PLACED _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need
2nd Burial
(Res)

Date 8-7-06

#207458

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CATherine Cunningham

in a DD crypT B (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 123 Grave 5 B

Grave space & Care Fund E-13602	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	$533.00
Burial Container DD crypT B	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	$65.00
Sales taxes	$598.00
Total Due	$598.00
Paid receipt number P-00435	$150.00
Balance due	448.00

PAID
JUN 3 2008
MOUNT HOPE CEMETERY

paid in full
P-01259

I hereby certify I am the self X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Catherine Cunningham X
Signature

X CATHERINE CUNNINGHAM
Print Name
X 354 LOS REYES DR
Address
X SAN DIEGO CA 92114
City Zip Code
X (619) 262-2944
Telephone

Invoice # _____

Work Order # E-19858

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19858

DMV CALIFORNIA DMV

DRIVER LICENSE

CLASS:C

EXPIRES 02-04-09

P0181815

CATHERINE CUNNINGHAM
364 LOS REYES DR
SAN DIEGO CA 92114

SEX:F HAIR:BLK EYES:BRN
HT:5-06 WT:182 DOB:02-04-33

RSTR: CORR LENS

01/28/2004 669 08 FD/09

Monthly payments $19.00 15th of each month
Final payments $11.00

Pin#207458 E-19858

Cunningham, Catherine 354 Los Reyes Dr. San Diego, CA. 92114 Phone#619 262-2944

Div 11 Sec 2 Lot 123 Grave 5 B

		Debit	Credit	Balance
08-07-06	Opened Pre-need Trust on 2nd Burial w/20%	$533.00	$150.00	$448.00
9-7-06	down, Trust include O/C $533 R/F $65 9-7-06 1,2,3 P-00429		57.00	391.00
9-7-06	payments made FOR Sept, Oct, Nov 2006			
1-3-07	3 payments Dec 06, Jan 07, Feb 07 (4,5,6)		57.00	334.00
3-2-07	4-payments March, April, May, June 07 (7,8,9,10)		76.00	258.00
8-7-07	3-payment July, Aug, Sept 07 (11,12,13)		57.00	201.00
11-5-07	4 payments Oct, Nov Dec 2007 (14-16)		76.-	125.-
1-4-08	2 payments 17, 18 P-01097		38-	87-
5-8-08	2 payments 20, 21 P-01229		38.-	49.-
6-3-08	3 payments 22, 23, 24 P-01259		49-	0

PAID
JUN 3 2008
MOUNT HOPE CEMETERY

E19858

CATHERINE CUNNINGHAM
354 LOS REYES DR (619) 262-2944
SAN DIEGO, CA 92114

5131

Date 08/07/06

16-66/1220
917

Pay to the order of Mt. Hope Cemetery $ 150.00

One hundred fifty and ——— Dollars

Bank of America

Lemon Grove
3099 Lemon Grove Ave
Lemon Grove CA
619.667.3220

Valued Customer Since 1992

For Opening & Closing

Catherine Cunningham

⑆122000661⑆5131⑈09174⑈06198⑈

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 0043

Date: 8-7-06, 20 06

From: Catherine Cunningham Address: 354 Los Reyes Dr SD 92114

One hundred & fifty ——— 00/100 Dollars ($ 150.00)

in PART Payment of Preneed Trust on 2nd Burial For Catherine Cunningham

Div 11 Sec 2 Blk/Row ____ Lot 123 Grave 5 B

Invoice No. E-19858

Acct. No. ____

W.O. ____

BALANCE DUE ____

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

#5131 ☑ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

AUG 07 2006

MOUNT HO

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	150	00
Trust	77186		
TOTAL PAID	$	150	00

AC-212 (11-05)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01229

Date: 5/7 , 2008

From: C. Cunningham Address: on file

Thirty-Eight and 00 Dollars ($ 38.00)

in 11 part Payment of Pre-need trust on 2nd Burial

Div 11 Sec 2 Blk/Row Lot 123 Grave 5 B

Invoice No. E-19858

Acct. No.

W.O.

BALANCE DUE $ 49.-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 07 2008

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	38.—
Pre-Need	63033	
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5439 ISSUED BY Paulette

TOTAL PAID $ 38 —

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00479

Date: 9-7, 20 06

From: C. Cunningham Address: on record

fifty-seven and 00 Dollars ($ 57-)

in part Payment of Pre-need trust

Div 11 Sec 2 Blk/Row Lot 123 Grave 5 B

Invoice No. E-19858

Acct. No.

W.O.

BALANCE DUE 391-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 06 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	57-
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5143

ISSUED BY Paulette

TOTAL PAID $ 57-

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

[redacted]

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00633

Date: 0103, 20 07

From: Catherine Cunningham Address: on record

Fifty-Seven and 00, Dollars ($ 57.00)

in Part Payment of Pre-need Trust on 2nd Burial-payments 4,5+6

Div 11 Sec 2 Blk/Row — Lot 123 Grave 5-B

Invoice No. E-19858

Acct. No.

W.O.

BALANCE DUE $334.-

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 597

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 3, 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	57.—
Pre-Need Trust	63033	
	77186	
TOTAL PAID		$ 57.—

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P00726

Date: March 2, 20 07

From: Catherine Cunningham Address: 354 Los Reyes Dr S.D. CA 92114

Seventy-six and 00/00 Dollars ($ 76.-)

in part Payment of Pre-need Trust 4 (coupons)

Div 11 Sec 2 Blk/Row Lot 123 Grave 5B

Invoice No. E-19853

Acct. No.

W.O.

BALANCE DUE $258.00

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 5229

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR - 2 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	76.-
Trust	77186	
TOTAL PAID	$	76.-

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

[redacted]

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P00921

Date: 8-3, 20 07

From: C. Cunningham Address: on file

Fifty-Seven and 00 Dollars ($ 57.-)

in full Payment of Pre-need Coupons 11, 12 + 13

Div 12 Sec 2 Blk/Row Lot 124 Grave 7

Invoice No. E-19858

Acct. No.

W.O.

BALANCE DUE $ 201.00

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG - 6 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	57.-
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 4419 ISSUED BY Paulette C.

TOTAL PAID $ 57.-

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01032

Date: 11-5 , 20 07

From: C. Catherine Address: on file

Dollars ($ 76-)

in part Payment of PN trust 4 payments

Div 11 Sec 2 Blk/Row Lot 123 Grave 5B

Invoice No. E-19858

Acct. No.

W.O.

BALANCE DUE $ 125.-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV - 5 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	76 —
Pre-Need	63033	
Trust	77186	

TOTAL PAID $ 76 —

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 5351

ISSUED BY Paulette

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01259

Date: 6-2, 20 08

From: Catherine Cunningham Address: on file

Forty-nine Dollars ($ 49.-)

in part Payment of Pre-need trust, Coupon 22, 23 & 24

Div 11 Sec 2 Blk/Row Lot 123 Grave 5 B

Invoice No. E-19858

Acct. No.

W.O.

BALANCE DUE $0

☐ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☐ Check 5458

AC-212 (11-05)

This information is available in alternative formats on request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 3 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	49.-
Trust	77186	

TOTAL PAID $ 49.-

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01097

Date: 1/4, 2008

From: E. Cunningham Address: on file

Dollars ($ 38.-)

in part Payment of Coupons 18 + 19

Div 11 Sec 2 Blk/Row Lot 123 Grave 5B

Invoice No E-19858

Acct. No.

W.O.

BALANCE DUE $87.-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN - 4 2008

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	38.-
Trust	77186	
TOTAL PAID	$	38-

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5375 ISSUED BY Paulette

AC-212 (11-05)

This information is available in alternative formats upon request.

In grave with brother Arthur Brunner

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-8-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Brunner #250338

in a D.D. Crypt "B" (Type of Burial Container) Funeral, date, time Thurs Aug 10th 11:00

Church, Chapel, Graveside Direct Burial Mortuary Featherngill "Elmer" 619) 583-3768

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 5 Section 7 Blk/Row _____ Lot 8 Grave 4

*Grave space & Care Fund D-2008 / E 14351 B	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	—
Total Due	793.-
Paid receipt number M/C AP: 06471	793.-
Balance due	0

PAID
AUG 10 2006
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See the attached signature

Invoice # _____

Acct. # _____

Paulette non-resident

Work Order # E-19859

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19859

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Arthur Brunner (Brother)

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER DD Copper B"

		Hopkins	Paynter			
	Funk	Mc Fetridge	X	Brunner Sr		
	Hinton		Beeler	Carmody		

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 8-9-06

Interment space for: Margaret Brunner

Interment Date: Thurs Aug 10 Time: 1:00

Div: 5 Sect: 7 Blk/Row: ____ Lot: 8 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-9-06

CREMAINS WERE PLACED ____

E19859

In grave with brother Arthur Brunner

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-8-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Brunner

in a D.D. Crypt "B" (Type of Design Cemetery) Funeral, date, time

Church, Chapel, Graveside Featheringill Mortuary 619) 583-3768

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned

Division 5 Section 7 Blk/Row Lot 8 Grave 4

Grave Space & Care Fund D-2008 / E 143516	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	—
Total Due	793.-
Paid receipt number	
Balance due	

I hereby certify I am the aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Dorothy E Breuninger (Signature)

X DOROTHY E. BREUNINGER (Print Name)

X 4456 ACACIA AVE (Address)

X LA MESA 91941 (City, Zip Code)

X 619 460-9500 (Telephone)

Paulette

Invoice #

Work Order # E-19859

Acct. #

NEA-104 (3-04)

This information is available in alternative formats upon request.

E19859 age 78

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARGARET	ROSINA	BRUNNER	01/01/1928	08/07/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	DOROTHY BREUNINGER, SISTER 4456 ACACIA AVE. LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶	08/10/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	08/10/2006	NANCY L BOWEN, MD ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
DISENTERMENT/BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 8-10-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Lamm	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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.)

In Grave of Elizabeth Yato

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-8-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TAMI YATO # 230361

in a ASH VAULT (Type of Burial Container) Funeral, date, time Monday, Aug 28, 2006 2:30

Church, Chapel, Graveside _____ Family Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. (X) _____

Division 7 Section 11 Blk/Row — Lot 52 Grave 1

Grave space & Care Fund B 16561 — 0

* Overtime/Late Arrival Fees _____

Opening/Closing & Setup 149.-

Burial Container 79.-

Handling Fees 85.-

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees 65.-

Sales taxes 6.12

Total Due 384.12

Paid receipt number AP 273268 384.12

Balance due 0

PAID
AUG 24 2006
MOUNT HOPE CEMETERY

I hereby certify I am the (X) _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

(X) Signature

res. fee: 7974 Mornington Pl. S.D. CA 92126

Work Order # E-19860

(X) Print Name

(X) Address

(X) City Zip Code

(X) Telephone

See attached

Invoice # _____

Acct. # _____

REA-104 (3-04) *This information is available in alternative formats upon request.*

© Printed on recycled paper

Son - 858-271-0974

E 19860

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

In Grave of Sukesuge Yato

Date 8-8-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TAMI YATO

in a ASH VAULT (Type of Burial Container) Funeral, date, time Monday, Aug 28, 2006

Church, Chapel Graveside Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Konosuke Ken Yato

Division 7 Section 11 Bk/Row — Lot 52 Grave 1

Grave space & Care Fund B 6561	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	144.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	384.12

Paid receipt number

Balance due

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

Konosuke K. Yato
Signature

Res. fee
7974 Merrington Pl.
S.D. CA 92126

Konosuke Ken Yato
Print Name

7974 Merrington Pl
Address

San Diego 92126
City Zip Code

858 335 9675
Telephone

Invoice #

Acct. #

Work Order # E-19860

This information is available in alternative formats upon request.

Son - 858-271-0474

858 335-9675 Cell

E19860

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Suketsugu Yato

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER ASHVAULT

	Nakamoto	Nishiyama	Yato Shino	Hiraki	Okuma	
			X			
			Sherman	Van Dusen		

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 8/24

Interment space for: Tami Yato

Interment Date: Aug. 28 mon Time: 2:30 G.S.

Div: 7 Sect: 11 Blk/Row: — Lot: 52 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 8/28/06

CREMAINS WERE PLACED TOP Right

E 19860

age 96

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TAMI	-	YATO	11/06/1909	08/07/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KONOSUKE YATO, SON 7974 MERRINGTON PL SAN DIEGO, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - SV, 5600 CARROLL CANYON RD SAN DIEGO, CA 92121	FD-1260	▶ Carla Hrein	08/15/2006

ACKNOWLEDGMENT 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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	08/15/2006	NANCY L BOWEN, MD ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAND DIEGO CA 92102	11B. DATE BURIED 8-28-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenn Fogarty	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED AUG 16 2006	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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.)

ABR 845

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 8-9-06

Low Income ✓

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael Daniels #230343 17yrs

in a Liner (Type of Burial Container) Funeral, date, time Weds Aug 16 12:00

Church, Chapel, Graveside CA Burial Mortuary

619-229-2747 Claudette

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. M.A X

Division 11 Section 2 Blk/Row — Lot 8 Grave 1

Grave space & Care Fund	1132.-
Overtime/Late Arrival Fees N/A	—
Opening/Closing & Setup	266.50
Burial Container	135.-
Handling Fees	103.-
Flower vases – Marker setting fee N/A	—
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number R-59745	1,679.47
Balance due	0

PAID AUG 15 2006 MOUNT HOPE CEMETERY

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Pin #230344 X Mother (Marsha Armstrong)

X Marsha Armstrong
Signature

X 144 W. 13th St. #5
Address

X San Diego San Bernardino
City Zip Cat

X 619 388-2276 Ca 92405
Telephone 909

Fax 619 229-2750

Paulette

Invoice # _____

Work Order # E-19861

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19861

Revised June 2006

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 Deceased: Michael Terry Daniels

Address: 205 Willie James Jones #8

City: San Diego State CA Zip Code 92102

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		Annual Income
(1)	$13,980	(4)	$38,810
(2)	$22,900	(5)	$45,800
(3)	$31,440	(6)	$53,560

For larger families, add $7,760 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.

[signature] - Hanell aunt 8-9-06

Signed/ Relationship Date

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 tax statement Other TAX RETURN FOR 2005

[signature] 8/9/06

Approved by Date

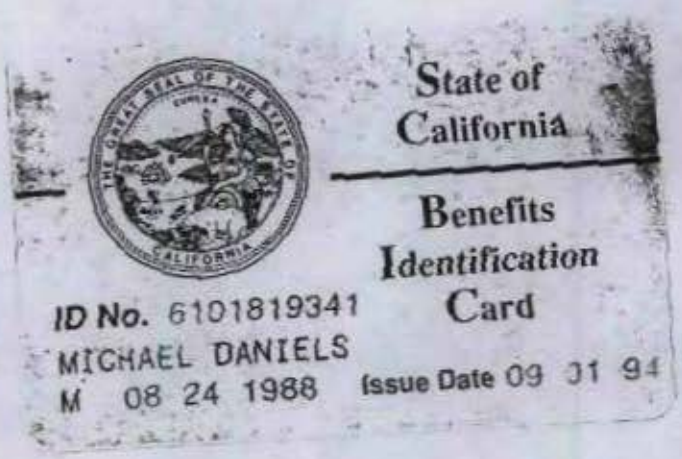
Current IRS documents verified on:
Approved By MFD
Date 8/9/06

Steve
619 531-1168
Victims

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E19861


State of
California
Benefits
Identification
Card
ID No. 6101819341
MICHAEL DANIELS
M 08 24 1988
Issue Date 09 01 94

E 19861

DELINQUENCY SECTION
RANDY MIZE
SUPERVISING ATTORNEY

8525 Gibbs Drive, Suite 105
San Diego, CA 92123-2709
(858) 974-5757
FAX (858) 974-5858

County of San Diego

STEVEN J. CARROLL
PUBLIC DEFENDER

HENRY COKER
CHIEF DEPUTY

DEPENDENCY SECTION
ANA ESPANA
SUPERVISING ATTORNEY

8525 Gibbs Drive, Suite 300
San Diego, CA 92123-2709
(858) 974-5700
FAX (858) 974-5711

410 S. Melrose Drive, Suite 105
Vista, CA 92083-6607
(760) 940-6560
FAX (760) 940-6575

765 Third Ave. Suite 211
Chula Vista, CA 91910-5842
(619) 498-2033
FAX (619) 498-2060

January 26, 2005

Michael Daniels
205 WILLIE JAMES JONES AVE # 8
SAN DIEGO, CA 92102

PETITION # 204262 02
JDA # C7274
RE: Daniels, Michael

Dear Michael Daniels,

I have been appointed to represent you at your Juvenile Court hearing (see date, time, and dept below). The Juvenile Court is located at 2851 Meadowlark Drive, San Diego, California 92123.

Please contact me at (858) 974-5757 to set up an appointment so that I can adequately prepare for your case. In the meantime, please DO NOT DISCUSS YOUR CASE WITH ANYONE prior to our meeting. It would be helpful before you come for an appointment to write out the names, addresses and telephone numbers of the people who you want for witnesses in your case. If anyone wants to speak with you about the facts of the case, you can refer that person to my office.

When you come for your first court hearing, sign in at the reception desk. The receptionist will tell you in which courtroom you will appear. Wait out in front of that courtroom until I arrive. Be prepared to wait for some time as court hearings can last a half-day of more. I look forward to meeting with you.

Your next hearing information:

Date: 02/16/2005 **Time:** 08:30 am **Dept:** K10

Jo Pastore.

Deputy Public Defender Jo Pastore

E 19861

Form **1040A** Department of the Treasury — **U.S. Individual Income Tax Return** (99) **2005** — IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0074

Label (See page 18.)

Use the IRS label. Otherwise, please print or type.

ERIC HARRELL
TONETTA EDDINGTON
205 WILLIE JAMES JONES AVE APT. 8
SAN DIEGO, CA 92102

[redacted]

▲ your SSN(s) above ▲

Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 18). ▶ ☐ You ☐ Spouse

Filing status Check only one box.

1 ☐ Single
2 [X] Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above & full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 19)

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a.
b [X] Spouse

Boxes checked on 6a and 6b: 2

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qual child for child tax cr (see pg 21)
ERIC HARRELL	[redacted]	SON	
MICHAEL DANIELS	[redacted]	NEPHEW	

If more than six dependents, see page 21.

No. of children on 6c who:
- lived with you: 2
- did not live with you due to divorce or separation (see page 22):

Dependents on 6c not entered above:

d Total number of exemptions claimed. Add numbers on lines above ▶ 4

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 24.

Enclose, but do not attach, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	29,095.
8a	Taxable interest. Attach Schedule 1 if required.	8a	
b	Tax-exempt interest. Do not include on line 8a. 8b		
9a	Ordinary dividends. Attach Schedule 1 if required.	9a	
b	Qualified dividends (see page 25). 9b		
10	Capital gain distributions (see page 25).	10	
11a	IRA distributions. 11a	11b Taxable amount (see page 25). 11b	
12a	Pensions and annuities. 12a 19,958.	12b Taxable amount (see page 26). ROLLOVER 12b	0.
13	Unemployment compensation & Alaska Permanent Fund dividends.	13	
14a	Social security benefits. 14a	14b Taxable amount (see page 28). 14b	
15	Add lines 7 through 14b (far right column). This is your **total income**. ▶	15	29,095.

Adjusted gross income

16	Educator expenses (see page 28). 16		
17	IRA deduction (see page 28). 17		
18	Student loan interest deduction (see page 31). 18		
19	Tuition and fees deduction (see page 32). 19		
20	Add lines 16 through 19. These are your **total adjustments**.	20	
21	Subtract line 20 from line 15. This is your **adjusted gross income**. ▶	21	29,095.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 58.

Form **1040A** (2005)

COPY ONLY NOT FILE

Form Software Copyright 1996 - 2005 H&R Block Tax Services, Inc

E19861

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ∅

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

			X			
		Spencer				
				Thomas		

Flagged Yes ✓ No

Blind Check Initiated By: Pauleth Date: 8-15

Interment space for: Michael Daniels 17yrs

Interment Date: Weds Aug 16 Chapel Time: noon

Div: 11 Sect: 2 Blk/Row: ____ Lot: 8 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Norris Date: 8-15-06

CREMAINS WERE PLACED ____

E19861

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MICHAEL	TERRY	DANIELS	08/24/1988	08/07/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	TONETTA HARRELL, AUNT 205 WILLIE JAMES JONES ST.,#8 SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶ Claudette Russ	8/14/06

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	08/14/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)

BU

FOR CORONER'S USE ONLY

2006 1988 18

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY,3751 MARKET ST.,SAN DIEGO, CA 92102	11B. DATE BURIED 8-16-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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.)

(NON-RES)
Chula Vista
At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-10-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of INEZ BELCHER #206638

in a Liner (Type of Burial Container) Funeral, date, time Tues Aug 15 11:00

Church, Chapel, Graveside _____ CALF NAT CITY MARTIN Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. $283.00 Shirley Belcher X

Division 12 Section 3 Blk/Row _____ Lot 79 Grave 2 S.B

Grave space & Care Fund D-8192	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$ 708.00
Burial Container Liner	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	$1,454.82
Paid receipt number R-59738	1,454.82
Balance due	Ø

PAID
AUG 11 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Daughter X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Shirley Belcher X
Signature

X SHIRLEY BELCHER
Print Name
X 545 DOUGLAS ST
Address
X CHULA VISTA 91911
City Zip Code
X (619) 271-1843
Telephone

Invoice # _____

Work Order # E-19862

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19862

CALIFORNIA

SENIOR CITIZEN IDENTIFICATION CARD

N7145509

This identification card is issued solely for identification purposes. It does not establish eligibility for employment, voter registration, or public benefits.

EXPIRES 04-20-05

INEZ LARA BELCHER
338 MONTGOMERY ST 3
CHULA VISTA CA 91911

SEX: F HAIR: BRN EYES: BRN
HT: 5-04 WT: 130 DOB: 04-20-29

Inez L Belcher

11/28/95 613 EB/ FD/ 1107

E19862

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

			Leathan	Ø		
		Lara	X	Pacely		
				Fowler	moss	

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 8-11

Interment space for: Inez L. Belcher

Interment Date: Tues Aug 15 Time: 11:00 Chapel

Div: 12 Sect: 3 Blk/Row: ____ Lot: 79 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Moriega Date: 8-11-06

CREMAINS WERE PLACED ____

E19862

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 77

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
INEZ	LARA	BELCHER	04/20/1929	08/08/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]TIONAL CITY	SAN DIEGO	SHIRLEY ANN BELCHER, DAUGHTER 545 DOUGLAS ST CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶ Claudette Russ	8/15/06

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	08/15/2006	NANCY L BOWEN, MD ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 920102	11B. DATE BURIED 8-15-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	*13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS* -	*13B. DATE RECEIVED*	*13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY* ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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

In grave of Frank Williams non resident #230342 Date 8/10/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OSSIE WILLIAMS WEDS AUG 16th 11:00

in a DD CRYPT "B" (Type of Burial Container) Funeral, date, time ~~TUES AUG 15th 11:00~~

Church, Chapel, Graveside (kingdom hall) Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 159 Grave 7 B

Grave space & Care Fund (E-10919)	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.—
Sales taxes	—
Total Due	793.00
Paid receipt number R-59740	793.00
Balance due	0

PAID AUG 14 2006 MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See Attached Signatures

Invoice # _____

Acct. # _____

Paulette

Work Order # E-19863

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19863

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

In grave of Frank Williams non resident

Date 8/10/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of OSSIE WILLIAMS

in a DO Crypt "B" (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row ____ Lot 159 Grave 7

Grave space & Care Fund	E-10919
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	
Total Due	793.00
Paid receipt number R-59740	$793.00
Balance due	0

PAID AUG 14 2006 MOUNT HOPE CEMETERY

I hereby certify I am the BAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Beatrice L. Williams
(Signature)

Beatrice L. Williams
(Print Name)
P.O. Box 5965
(Address)
SAN DIEGO 92165-5965
(City) (Zip Code)
619-795-9988
(Telephone)

Paulette
Wt. % Order # E-19863

Invoice # ____

Acct. # ____

REV 104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19863

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Frank Williams "A"

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER DC crypt. "B"

	Grisham			Thomas	Brown	Nolan
			X			
	Hicks	Jones	Hernandez			

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette Date: 8 11

Interment space for: Ossie Williams

Interment Date: Tues. Aug 15 ? Time: ?

Div: 12 Sect: 1 Blk/Row: ____ Lot: 159 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Nering Date: 8-11-05

CREMAINS WERE PLACED ____

E19863

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 72

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
OSSIE	-	WILLIAMS	07/20/1934	08/10/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	BEATRICE L. WILLIAMS, DAUGHTER P.O. BOX 5965 SAN DIEGO, CA 92165

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Kim Campbell	08/14/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	08/15/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-16-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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
Non-Res.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-11-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles David Stephens #228697

in a DD CRYPT "B" (Type of Burial Container) Funeral, date, time Thurs Aug. 17, 12:00

Church, Chapel, Graveside _____ El Camino Mortuary.

Scottish Rite

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 2 Section 5 Blk/Row _____ Lot 265 Grave 3B

*Grave space & Care Fund	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	700.—
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.—
Sales taxes	
Total Due	793.—
Paid receipt number R-59741	793.—
Balance due	Ø

PAID
AUG 15 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

Charles D. Stephens Jr
Signature

Paulette

Charles D. Stephens Jr.
Print Name
4078 Conrad Dr.
Address
Spring Valley, CA. 91977
City Zip Code
619 4695670
Telephone

Invoice # _____

Work Order # E-19864

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19864

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Charles D Stephens "B" (Husband)

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER DDcrypt "B"

		Conklin	X	Stephens	Glasgow	

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 8-14-06

Interment space for: Charles Davis Stephens

Interment Date: Thurs. Aug 17 Time: 12:00 noon

Div: 2 Sect: 5 Blk/Row: — Lot: 265 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David P Veriega Date: 8-17-06

CREMAINS WERE PLACED _____

E 19864

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 19

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHARLES	DAVID	STEPHENS	09/03/1926	08/09/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	SANDRA STEPHENS, DAUGHTER 4078 CONRAD DR. SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-S.V., 5600 CARROLL CANYON RD. SAN DIEGO, CA 92121	FD-1260	▶ Clerk Ahner	08/14/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	08/14/2006	NANCY L BOWEN, MD ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 8-17-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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
(Res)
15 Chairs
1st & 2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-15-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Andemeskel mebrahtu Tsige # 230340

in a DD Crypt (Type of Burial Container) Funeral, date, time Thurs Aug 17, 06 11:00

Church, Chapel, Graveside _____ ; Ragsdale Joseph Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ $213.00

will be applied and billed to undersigned. ~~Eyob~~ Eyob Andemeskel X

Division MAS Section T Blk/Row _____ Lot 7 Grave 6

Grave space & Care Fund		$2,264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2 @ $533.00	$1,066.00
Burial Container	DD Crypt	539.00
Handling Fees		454.00
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees	2 @ $65.00	$130.00
Sales taxes		$41.77
	Total Due	$4,494.77
	Paid receipt number R-59744	4,494.77
	Balance due	0

PAID
AUG 15 2006
MOUNT HOPE CEMETERY

I hereby certify I am the SON X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

mailed Deed 8-16-06

I hereby authorize the interment in lot I hold under deed.

~~Eyob~~ Eyob Andemeskel
Signature

AIN # 230339
Bereket Tsige Andemeskel } owner

c/o purchaser #230341
X EYOB ANDEMESKEL
Print Name
X 3763 MEADE AVE
Address
X SAN DIEGO CA 92116
City Zip Code
X 619-284-2681
Telephone

Invoice # _____

Work Order # E-19865

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19865

Good Neighbors
San Diego
Housing Commission

Rent Portion Lette

ANDEMESKEL MEBRAHTU TSIGAE
4073 36TH ST 1
SAN DIEGO CA 92104

Effective: December 02, 2005

E19865

MT HOPE CEMETERY

15 Chairs

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER DD crypt 1st Burial

		#3 Crum				
		#7 H L Lemaire	#6 X			
		B mary Gonsalves				

Flagged **Yes** ✓ **No** ____

Blind Check Initiated By: Sandra Date: 8-15-06

Interment space for: Andemeskel mebrahtu Tsige Thus

Interment Date: Aug 17, 2006 Time: 11:00 Church

Div: MAS Sect: T Blk/Row: ____ Lot: 7 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-16-06

CREMAINS WERE PLACED _____

E19865

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANDEMESKEL	M.	TSIGE	10/14/1925	08/14/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	EYOB ANDEMESKEL, SON 3763 MEADE AVENUE SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	08/16/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	08/16/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-17-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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 8-15-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AL Thompson Pin 230352

in a Liner (Type of Burial Container) Funeral, date, time 8-21-06 Mon 11:00

Church, Chapel, Graveside _____ : CA BURIAL (Claudette) Mortuary

New Creation

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row — Lot 39 Grave 11

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R-59742	3358.93
Balance due	0

PAID AUG 15 2006 MOUNT HOPE CEMETERY

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin 230351

I hereby authorize the interment in lot I hold under deed.

Signature: Patricia A. Thompson

Patricia A. Thompson
Print Name

3981 Hemlock St.
Address

San Diego Ca. 92114
City Zip Code

619-527-5043
Telephone

Paulette

Invoice # _____

Work Order # E-19866

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19866

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

		Bennett	X		Dourdette	Phillips
	Russell					

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 8-16

Interment space for: Al Thompson

Interment Date: 8-21-06 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 39 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-17-06

CREMAINS WERE PLACED ____

E19866

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALBERT	E.	THOMPSON	09/05/1950	08/14/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PATRICIA THOMPSON, WIFE 1844 WINNETT STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶ Victoria Mitchell	8/21/06

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	08/21/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-21-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Herman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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

Date 8-15-06

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EVA MAE KINCY Pin 230354 11:00

in a Liner (Type of Burial Container) Funeral, date, time Aug. Tues 22nd

Church, Chapel, Graveside _____ Preferred Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 7 Grave 4

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number R-59747	1,679.47
Balance due	0

PAID AUG 17 2006 MOUNT HOPE CEMETERY

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Elaine McPhail
Signature

Pin 230353

X Elaine McPhail
Print Name

X 8605 Innsdale Ln
Address

X San Diego 92114
City Zip Code

619-434-1290
Telephone

Paulette

Work Order # E-19867

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19867

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

Reggie		Prewitt	X			

Flagged Yes ✓ No

Blind Check Initiated By: Pattette Date: 8-15-06

Interment space for: Eva Mae Kincy

Interment Date: 8-22-06 Time:

Div: 11 Sect: 2 Blk/Row: Lot: 7 Gr: 4

Grave Laid out by:

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-21-06

CREMAINS WERE PLACED

E 19867

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 Deceased: Eva Mae Kincy

Address: 8605 Innsdale Lane

City: San Diego State CA Zip Code 92114

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		Annual Income
(1)	$13,980	(4)	$38,810
(2)	$22,900	(5)	$45,800
(3)	$31,440	(6)	$53,560

For larger families, add $7,760 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.

Elaine McPhail 8/14/06

Signed/ Relationship Daughter Date

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 tax statement Other _____

8/15/06

Approved by Date

Current SSI 2005 documents verified on:

Approved By David Lang

Date 8/15/06

Mt. Hope Cemetery

Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527

Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E 19867

CALIFORNIA

SENIOR CITIZEN IDENTIFICATION CARD

20579184

EXPIRES 04-21-08

This identification card is issued solely for identification purposes. It will not establish eligibility for employment, voter registration, or public benefits.

EVA MAE KINCY
3762 43RD ST APT 3
SAN DIEGO CA 92105

SEX: F HAIR: GRY EYES: BRN
HT: 5-01 WT: 160 DOB: 04-21-28

04/29/98 004 18/ FD/ 1107

E 19867

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2005 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
EVA M KINCY	462-38-4694

Box 3. Benefits Paid in 2005	Box 4. Benefits Repaid to SSA in 2005	Box 5. Net Benefits for 2005 *(Box 3 minus Box 4)*
$6,804.00	NONE	$6,804.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$6,804.00
Benefits for 2005	$6,804.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

EVA KINCY
8605 INNSVALE LN
SAN DIEGO CA 92114-7431

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

458-03-4679D

CU078B011-11A407B8243

CU078B011-11A407B8243

Form **SSA-1099-SM** (1-2006) **DO NOT RETURN THIS FORM TO SSA OR IRS**

E 19867

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EVA	MAE	KINCY	04/21/1920	08/12/2006 FND	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ELAINE MCPHAIL, DAUGHTER 8605 INNSDALE LANE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT / Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	[illegible]	8-22-06

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/22/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-22-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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 8-16-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rodney Furuya ⊗ Pin 230355

in a Ash Vault (Type of Burial Container) Funeral, date, time Tues Aug. 22 2:00

Church, Chapel (Graveside) : Community Mortuary, Chula Vista

All Funeral cars 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 4947 Grave 1

Grave space & Care Fund	D-8595	Ø
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup		149.—
Burial Container		79.—
Handling Fees		85.—
Flower vases – Marker setting fee	N/A	—
Recording/Filing/Transfer Fees		65.—
Sales taxes		6 12
Total Due		384.12
Paid receipt number	R-59749	384 12
Balance due		Ø

PAID AUG 18 2006 MOUNT HOPE CEMETERY

I hereby certify I am the BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature George Furuya Jr

Paulette

GEORGE FURUYA JR
Print Name

7968 LA GACHA LN
Address

CARLSBAD, CA 92009
City Zip Code

(760) 942-0246
Telephone

Invoice # _____

Work Order # E-19868

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19868

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Funeya, SR., George

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Ash Vault

place Left side of grave

	Konishi		X	~~Kamenitas~~	Kamenitas	
	Bell	Brazwell	Tewo Ide			

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 8/18

Interment space for: Rodney Funeya ⊗

Interment Date: 08-22-06 Time: 2:00 G.S.

Div: 10 Sect: — Blk/Row: — Lot: 4947 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 8/21/06

CREMAINS WERE PLACED LEFT CENTER

E 19868

49

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RODNEY	JON	FURUYA	05/07/1957	08/10/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[illegible]YTHE	RIVERSIDE	GEORGE FURUYA JR, BROTHER 7968 LA GACHA LANE CARLSBAD, CA 92009

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA, CA 91911	FD1682

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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.

8A. SIGNATURE OF APPLICANT – Person taking permit: ▶ [signature] 8B. DATE SIGNED: 8/18/06

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/18/2006	▶ GARY M FELDMAN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
RIVERSIDE HEALTH DEPARTMENT 4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S)

CR/BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-22-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES, INC. 2570 FORTUNE WAY VISTA, CA 92083	12B. DATE CREMATED 8/21/06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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.)

E19868

For Fiscal Year Beginning July 1, 2005 and Ending June 30, 2006

PROPERTY ADDRESS - DESCRIPTION - SUBDIVISION

03127 JARVIS ST , SD, CA 92106

LOT 10 BLK 81

ROSEVILLE REFILED

	DESCRIPTION	VALUES & EXE
000305	LAND $	4390
	IMPROVEMENTS	2285
	TOTAL L&I	6676
449851	PERSONAL PROPERTY	
	EXEMPTIONS	
	HOMEOWNERS $	
	OTHER	
05/28/02	NET TAXABLE VALUE	6676

OWNER OF RECORD JANUARY 2005

FURUYA GEORGE JR AND MORITA CARR
IE F AND FURUYA RODNEY J

09 009771 03774 1/1 RETAIN THIS PORTION FOR YOUR RECORDS

FIRST INSTALLMENT		SECOND INSTALLMENT		TOTAL DUE
387.88	+	387.88	=	775.76

YOUR TAX DISTRIBUTION

AGENCY	BASE	RATE	TAX
.63			
.30			
.67			
.65			
.47			
.72			
.00			
.54			
.50			
.00			
.76			

TAX BILL

prepaid to At. Reed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-17-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances O. Price 230546

in a Liner (Type of Burial Container) Funeral, date, time Mon. Aug. 21 2006 11:00

Church, Chapel, Graveside _____ Bishop (Gwen) Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 3 Grave 5

Grave space & Care Fund	1132.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266 50
Burial Container	135.-
Handling Fees	103.-
Flower vases ~ Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1679.47
Paid receipt number P-00446	1679.47
Balance due	Ø

PAID AUG 17 2006 MOUNT HOPE CEMETERY

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X [signature]
Signature

230345

X Verdelle Price
Print Name

X 4330 43rd St #8
Address

X San Diego CA 92105
City Zip Code

(619) 521-0571
Telephone

Invoice # _____

Work Order # E-19869

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19869

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER _____

		MARKET	STREET			
		FENCE				
			X	LIMBLICK		

Flagged **Yes** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Frances D. Price

Interment Date: Mon. Aug. 21 Time: _____

Div: 11 Sect: 2 Blk/Row: ____ Lot: 3 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-17-0

CREMAINS WERE PLACED _____

[redacted]

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 Deceased: FRANCES O. PRICE

Address: 3720 31st st

City: San Diego State CA Zip Code 92104

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

		Annual Income			Annual Income
☑	(1)	$13,440	☐	(4)	$37,310
☐	(2)	$22,020	☐	(5)	$44,030
☐	(3)	$30,230	☐	(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.

Signed/ Relationship Daughter Date 8/17/06

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 tax statement ☐ Other SS. Statement

Approved by David Lugo Date 8/17/06

Current ~~IRS~~ Tax Return verified on: SS Admin
Approved By DL
Date 8/17/06

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E 19869

DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 05-03-09

E0529663

FRANCES OXIVANER PRICE
3720 31ST ST
SAN DIEGO CA 92104

SEX:F HAIR:BRN EYES:BRN
HT:5-03 WT:186 DOB:05-03-49

01/30/2004 S06 17 FD/09

E 19869

Social Security Administration

Date: July 25, 2005
Claim Number: 552-78-2416DI

Name: FRANCES O PRICE

FRANCES O PRICE
3720 31ST ST
SAN DIEGO, CA 92104-3721

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Other Important Information

For the period 01/01/05 to 07/01/05 you received a total of $5663.00 in Supplemental Security Income benefits.

Payment dates and amounts are as follows:

Month	Payment	Month	Payment	Month	Payment
01/01/05	$805.00	04/01/05	$812.00	07/01/05	$812.00
02/01/05	$805.00	05/01/05	$812.00		
03/01/05	$805.00	06/01/05	$812.00		

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 619-557-5257. We can answer most questions over the phone. You can also write or visit any Social Security office. Your closest office is located at:

SOCIAL SECURITY ADMINISTRATION
1333 FRONT STREET
SAN DIEGO, CA 92101

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Office Manager

Eileen A. Kacmarski
Branch Manager

SOCIAL SECURITY ADMINISTRATION

Date: July 18, 2005
Claim Number: 552-78-2416DI

FRANCES O PRICE
3720 31ST ST
SAN DIEGO CA 92104-3721

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning April 2005, the current
Supplemental Security Income payment is.....$ 812.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

SOCIAL SECURITY ADMINISTRATION

Date: July 28, 2005
Claim Number: 552-78-2416DI

FRANCES O PRICE
3720 31ST ST
SAN DIEGO CA 92104-3721

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning April 2005, the current Supplemental Security Income payment is.....$ 812.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

E 19869

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRANCES	OXIVANER	PRICE	05/03/1949	08/12/2006 FND	F

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	VERDELLE PRICE, DAUGHTER 4330 43RD STREET #8 SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673		08/16/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	08/16/2006	NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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

pre-need (NON-RES)

Date 8/17/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Joan Walker Pin 228811

in a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 81 Grave 11

Grave space & Care Fund E-360	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.00
Burial Container Liner	359.00
Handling Fees	275.00
Flower vases – Marker setting fee (Trion)	88.72
Recording/Filing/Transfer Fees (88.72)	85.00
Sales taxes	27.82
Total Due	1543.54
Paid receipt number P-00448	1,543.54
Balance due	0

PAID AUG 17 2006 MOUNT HOPE CEMETERY

I hereby certify I am the self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin 228811

I hereby authorize the interment in lot I hold under deed.

Joan M. Walker
Signature

X Joan M. Walker
Print Name

X 860 Felicita Ave.
Address

X Spring Valley, CA. 91977
City Zip Code

X 619-697-4387
Telephone

PC.

Invoice # _____

Work Order # E-19870

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-21-06

"Low Income"

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CRAWFORD CALLOWAY Pin 230350

in a LINER (Type of Burial Container) Funeral, date, time Weds Aug. 23 11:00

Church, Chapel, Graveside _____ ; BISHOP Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 11 Grave 4

Grave space & Care Fund	1132.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number R-59751	1,679.47
Balance due	Ø

PAID
AUG 22 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X Marcus Hill Sr Pin 230349 Print Name

X 245 E. Orange ave L-4 Address

X Chula Vista CA 91911 City Zip Code

X (619) 471-4752 Telephone

Invoice # _____

Work Order # E-19871

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 19871

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER LINER

			X		MELENDEZ	
			MALLON			

Flagged Yes X No ____

Blind Check Initiated By: KEVIN Date: ____

Interment space for: CRAWFORD CALLOWAY

Interment Date: Crawford Calloway Time: Weds Aug 23

Div: 11 Sect: 2 Blk/Row: ____ Lot: 11 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 8-22-06

CREMAINS WERE PLACED _____

E19871

Revised June 2006

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 Deceased: CRAWford L. CAlloway

Address: 1455 45th Apt 304

City: San Diego State CA Zip Code 92113

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		Annual Income
(1)	$13,980	(4)	$38,810
(2)	$22,900	(5)	$45,800
(3)	$31,440	(6)	$53,560

For larger families, add $7,760 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.

[signature] Stephen 8/21/2006

Signed/ Relationship Date

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 tax statement Other _____

_____ _____

Approved by Date

Current _____ documents verified on:
Approved By _____
Date _____

8/22 Spoke with food stamp worker Gloria Clark @ 619-266-3790. He is her client. He had to be on General Relief and to be able to receive the food stamp address is correct. Paulett.

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E19871.2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

MONTHLY ELIGIBILITY REPORT

WORK PAYS

8 CALLOWAY, CRAWFORD
For Cash Aid and Food Stamps

COUNTY OF SAN DIEGO

THIS REPORT IS FOR THE MONTH OF
FOR NOV, 2005

- Complete, sign, and return this report by the 5th of the month.
- If you do not send in a complete report including, but not limited to, answering all questions and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. Attach a separate sheet of paper if needed.
- You must report **within 5 days** any change that may affect your eligibility for or the amount of your cash aid.
- If you get food stamps, answer for everyone in your household. If you do not get food stamps, answer for everyone on cash aid, including children, parents, stepparents, your spouse, and anyone temporarily absent from the home.
- Facts you report may result in your benefits going up, down, or being stopped.

WORKER NUMBER AT15
HEALTH AND HUMAN SERVICES
COUNTY OF SAN DIEGO
1130 10TH AVENUE STE HH
SAN DIEGO CA 92101

97A-L91695-90 AT15
CRAWFORD CALLOWAY
PO BOX 126963
SAN DIEGO CA 92112-6963

Need Help? Call your worker

YOUR WORKER IS BERNARDITA BELISARIO PHONE (619)744-5103

① Did anyone get money from a job or training program? ☐ YES ☐ NO

- If "YES", complete below. Include tips, vacation pay or income in kind, such as earned housing. List gross amounts before deductions for each week in the month. **Attach paystubs or other proof of earnings.**
- **If self-employed: For Food Stamps:** List business costs on a separate sheet of paper and attach proof of income and costs. **For Cash Aid:** **Attach proof** of income. If you claim actual expenses, list business expenses on a separate sheet of paper and **attach proof** of expenses.

Who Got Income	Employer's Name (✓)						
		Gross Amount	$	$	$	$	$
	☐ Job ☐ Training	Actual Date Received					
		No. of Hours Worked					
Who Got Income	Employer's Name (✓)	Gross Amount	$	$	$	$	$
		Actual Date Received					
	☐ Job ☐ Training	No. of Hours Worked					

② If anyone above paid for care of a child, disabled person or other dependent while working, seeking work, or in training, list here and attach proof of payment.

Name Of Person Who Received Care	Cost	Name Of Person Who Received Care	Cost
	$		$

③ Did anyone receive money or benefits from any other source? ☐ YES ☐ NO

Include: Child/spousal support, interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds, any government benefits, like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, workers compensation, state disability indemnity, veterans or railroad retirement, other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or anything else. If "YES", complete below. **Attach proof.**

Who Got Income	Source of Income						
		Gross Amount	$	$	$	$	$
		Date Received					
Who Got Income	Source of Income	Gross Amount	$	$	$	$	$
		Date Received					

④ If anyone gets food stamps and paid court ordered child support this month, list the amount they paid. Report any changes in the court order. Attach Proof. $

⑤ During this report month has any member of the household been avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole? If "YES", who: ☐ YES ☐ NO

COUNTY USE ONLY E.W. INITIALS DATE:

CRAWFORD LEE CALLOWAY

CW 7 (7/02) (REPLACES THE CA7) REQUIRED FORM - SUBSTITUTE PERMITTED

E19871

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CRAWFORD	LEE	CALLOWAY	02/08/1945	08/16/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	TALIBA MOSES, DAUGHTER 3919 NICOLET AVENUNE, #16 LOS ANGELES, CA 90008

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673		08/21/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge to applicant that the proposed stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	08/21/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-23-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL David Norris	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL 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

City of San Diego

At Need

Date 8-21-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Myesha Kennedy-Newell Pin 230358

in a T.S. vault (Type of Burial Container) Funeral, date, time Friday Aug 25 11:00

Church, Chapel, Graveside _____ : CA Burial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row — Lot 39 Grave 5

Grave space & Care Fund	2,264.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.—
Burial Container	355.—
Handling Fees	303.—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65—
Sales taxes	27.51
Total Due	3507.51
Paid receipt number 59753	3507.51
Balance due	Ø

PAID
AUG 22 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin 230357

I hereby authorize the interment in lot/1 hold under deed.

Signature

Brandon Newell
Print Name

825 E Palomar St #703
Address

Chula Vista, CA 91911
City Zip Code

619 808-6187
Telephone

Paulette
619-527-3400

Work Order # E-19872

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19872

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER T.S. Vault

			X	Miller		
		Bennett			Doucette	Phillips

Flagged **Yes** ✓ **No** _____

Blind Check Initiated By: Paulette Date: 8/23

Interment space for: Myesha Kennedy-Newell

Interment Date: Fri. Aug 25 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 39 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morrison Date: 8-23-06

CREMAINS WERE PLACED _____

E19872

Navy - Marine Corps Relief Society
875 N. RANDOLPH STREET, SUITE 225
ARLINGTON, VIRGINIA 22203-1927

SUNTRUST BANK
68-186/514

16225003

16225003

DATE
22-Aug-2006

AMOUNT
**$3507.51

PAY Three Thousand Five Hundred Seven Dollars and 51 Cents**********

TO THE ORDER OF MT HOPE CEMETARY

VOID AFTER 90 DAYS
NAVY - MARINE CORPS RELIEF SOCIETY

Memo: NEWELL, BRANDON EVANS 8648
Internment for Myesha Kennedy-Newell

Jan Ann Kowalczyk-Beckwith

⑈16225003⑈ ⑆051401865⑆ 2008250 00⑈

E19872

28

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MYESHA	TANELL	KENNEDY	03/22/1978	08/15/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	BRANDON NEWHELL, HUSBAND 8253 E PALOMAR ST #703 CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶ Claudette Rus	8/24/06

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	08/22/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 8-25-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Morris	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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 -	14B. 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 -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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

Date 8/21/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vera Mae Ward Pin 230363

in a Top Seal (Type of Burial Container) Funeral, date, time 1:00 Church Thurs Aug. 24

Church, Chapel, Graveside 1:00 pm ; Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213

will be applied and billed to undersigned. Yancy Ward

Division 12 Section 2 Blk/Row Lot 158 Grave 10

PAID

AUG 21 2006

MOUNT HOPE CEMETERY

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65
Sales taxes	27.51
Total Due	3,507.51
Paid receipt number Visa Ap 213832 / Ap 021378	
Balance due	3,507.51

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Yancy Ward
(Signature)

Yancy Ward Pin 230362
(Print Name)
4346 52nd St. #1
(Address)
San Diego, CA. 92115
(City) (Zip Code)
(619) 583-9148
(Telephone)

Invoice # _____

Work Order # E-19873

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19873

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER TOP SEAL

		SHIPLY	PRICE			
		WILLIAMS	X			
		FIELDS		JACKSON		

Flagged Yes X **No** ____

Blind Check Initiated By: KEVIN Date: 8-21-06

Interment space for: ~~FA~~ Vera M. Ward

Interment Date: Thurs Aug 24 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 158 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 8-22-0

CREMAINS WERE PLACED _____

E19873

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 81

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VERA	MAE	WARD	02/08/1925	08/17/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	TANDY WARD, SON 4346 52ND STREET #1 SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	[signature]	08/21/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	08/22/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-24-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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

Date 8-21-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ferne G. Schultz Pin 218096

in a Liner (Type of Burial Container) Funeral, date, time ~~[illegible]~~ Mon. Aug 28, 2006

Church, Chapel, Graveside 10 Am : Poway-Bernardo Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. N/A

Division 8 Section 1 Blk/Row _____ Lot 898 Grave 1

Grave space & Care Fund B-7652	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.96
Total Due	1,094.96
Paid receipt number R-59757	1,094.96
Balance due	0

PAID AUG 24 2006 MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E-19874

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19874

8/24

Mailed Ms. Fisher the conservator of Ferne G. Schultz the copy of interment for her signature.

Paulette

E 19874

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

Ferguson	Ferguson	Schultz	Schultz			
			X	Broome	Hudson	
		Young		Voss		

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette Date: 8/24

Interment space for: Ferne G. Schultz

Interment Date: ~~Tue~~ Mon. Aug. 28 Time: Delivery 10:00 Delivery

Div: B Sect: 1 Blk/Row: ____ Lot: 998 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 8/25/00

CREMAINS WERE PLACED ____

E 19874

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 86

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FERNE	G	SCHULTZ	09/26/1919	08/19/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	PATRICIA FISTER, DPOA 119 N EL CAMINO REAL ENCINITAS, CA 92024

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
POWAY-BERNARDO MORTUARY, 13243 POWAY RD POWAY, CA 92064	FD1195	▶ Mary Gardner	08/23/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	08/23/2006	▶ NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 8-28-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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.)

Fern St Florist 1:20

At need N.R. Fee 8 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-21-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Naomi Faye Garrison ⊗ Pin 230371

in a N/A (Type of Burial Container) Funeral, date, time Thurs. Aug 24th 11:00

Church, Chapel Graveside ; Family Mortuary. 951-928-9108

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 6 Section 4 Blk/Row _____ Lot 167 Grave 3

Grave space & Care Fund	N/A A-8705	Ø
Overtime/Late Arrival Fees		
Opening/Closing & Setup		199.-
Burial Container	N/A	—
Handling Fees		114.-
Flower vases – Marker setting fee		88.72
Recording/Filing/Transfer Fees	Ground Tron WO 5100	85.00
Sales taxes		8.06
Total Due		494.78
Paid receipt number	R-59754	494.78
Balance due		Ø

PAID AUG 22 2006 MOUNT HOPE CEMETERY

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Shannon Otz
Signature

Lugo

X Shannon Otz
Print Name

X 39430 Copper Crown Dr
Address

X Murrieta Ca 92562
City Zip Code

X 951 837-8858
Telephone

Invoice # _____

Work Order # E-19875

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19875

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Daniel Bakkedahl

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER N/A

		Anda Clifford Bakkedahl	X	Pullen Morris	Morris	

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 8-23

Interment space for: Naomi F. Garrison

Interment Date: Aug 24 Thurs Time: 11:00

Div: 6 Sect: 4 Blk/Row: ___ Lot: 162 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-23-06

CREMAINS WERE PLACED MIDDLE OF GRAVE

16815 E19875

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NAOMI	FAYE	GARRISON	03/27/1935	08/18/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]CITY	RIVERSIDE	SHANNON OTEY , DAUGHTER 39430 COPPER CRAFT DR MURRIETA , CA 92562

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CREMATION SOCIETY OF RIV CO, 27784 HWY 74 EAST ROMOLAND, CA 92585	FD1445	▶ Nancy M. Mc. [illegible]	08/22/2006

8C. 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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	08/22/2006	▶ GARY M FELDMAN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
RIVERSIDE HEALTH DEPARTMENT 4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY MILLER-JONES MORTUARY & CREM 26245 PALOMAR ROAD ROMOLAND CA 92585	12B. DATE CREMATED 8-23-6	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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.)

Pre-need to At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-22-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Julio C. Ibarra 230365

in a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time Fri. Aug 25 11:00

Church, Chapel, Graveside _____ Guadalupana Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 12 Section 1 Blk/Row _____ Lot 75 Grave 1

PAID

AUG 22 2006

MOUNT HOPE CEMETERY

Grave space & Care Fund	2264-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee (TRION WO 5088)	65.71
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	3962.48
Paid receipt number P-00454	3,962.48
Balance due	—

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin 230364

I hereby authorize the interment in lot I hold under deed.

Signature

mailed Deed 9-20-06

X Lilia G. Sanchez (First Name)

X 2939 "L" Street (Address)

X San Diego, CA 92102 (City, Zip Code)

X (619) 241-6977 (Telephone)

Invoice # _____

Work Order # E-19876

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19876

To Paulette

Date _____ Time _____ AM. P.M.

While You Were Out

MS. Lilia Sanchez

of _____

Phone (619) 338-8310
Area Code Number Extension

URGENT!		TELEPHONED	
CAME TO SEE YOU		RETURNED YOUR CALL	
WANTS TO SEE YOU		PLEASE CALL	
RUSH		WILL CALL AGAIN	

MESSAGE Burial of Julio C. Ibarra - says its paid in full

NATURE SAVER

SIGNED

Reorder No. 01325

E 19876

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER DD CRYPT "A"

			X			

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 8 28

Interment space for: Julio Ibarra

Interment Date: 8/28/06 Time: 11:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 75 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-24-06

CREMAINS WERE PLACED ____

E19876

31

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JULIO	CESAR	IBARRA	06/02/1975	08/22/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ENRIQUETA ARREDONDO, MOTHER 2939 L STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶ [signature]	08/25/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	08/25/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- –

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST,SAN DIEGO,CA,92102	11B. DATE BURIED 8-25-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS8e (REV.12/84)

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 7118.)

AT-need non-resid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pin# 230366 Pin# 230367 Date 8/22/06

(Lucian Kallel Villela-Koteich) & (Daniel Kraven Villela-Koteich)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucian & Daniel Villela-Koteiche (two)

in a 0-Liner (Type of Burial Container) Funeral, date, time Friday, Aug 25, 2006 1:00 pm

Church, Chapel, Graveside 1pm : Berge-Roberts Mortuary 474-6565

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283 [initials]

will be applied and billed to undersigned. Fatima Koteiche

*Division 9 Section 1 Blk/Row Lot 1799 Grave

Grave space & Care Fund	188.00
*Overtime/Late Arrival Fees	—
Opening/Closing & Setup	237.00
Burial Container 33L x 14W x 10h	133.00
Handling Fees	48.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	10.31
Total Due	701.31
Paid receipt number AP.009080	701.31
VISA Balance due	Ø

PAID AUG 23 2006 MOUNT HOPE CEMETERY

I hereby certify I am the MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Pin# 230368

I hereby authorize the interment in lot I hold under deed.

Fatima Koteiche
Signature

Fatima Koteiche
Print Name
34 S. Harbison Ave
Address
National City, CA 91950
City Zip Code
(619) 434-2654
Telephone

Invoice # _____

Work Order # E-19877

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19877

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER O-Liner

						Leanne
			X			Bidales
				Tree		

VISTA

Flagged Yes ✓ **No**

Blind Check Initiated By: Paulette Date: 8-23

Interment space for: Lucian & Daniel Villela-Koteiche

Interment Date: Fri. Aug 25, 06 Time: 1:00 pm

Div: 9 Sect: 1 Blk/Row: — Lot: 1799 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Moriega Date: 8-24-06

CREMAINS WERE PLACED _____

E19877

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

2 days

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DANIEL	KRAVEN	VILLELA-KOTEICH	08/04/2006	08/06/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FATIMA KOTEICH, MOTHER 34 S. HARBISON AVE NATIONAL CITY, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
EL CAMINO MEMORIAL-N.C., 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD284

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.

8A. SIGNATURE OF APPLICANT – Person filing permit: ▶ [signature] 8B. DATE SIGNED: 08/22/2006

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/22/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- -

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 8-25-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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.)

E19877

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

7 days

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LUCIAN	KALLEL	VILLELA-KOTEICH	08/04/2006	08/11/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FATIMA KOTEICH, MOTHER 34 S HARBISON AVE NATIONAL CITY, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-N.C., 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD284	▶ [signature]	08/24/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/24/2006	NANCY L BOWEN, MD ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S):

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 8-25-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS 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 ▶		
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 DISPOSER – IF APPLICABLE	

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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

Date 8/22/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of H ELADIO Gonzalez #230374

in a Liner (Type of Burial Container) Funeral, date, time Friday Aug. 25 11:00

Church, Chapel, Graveside _____ : Guadalupana Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213 will be applied and billed to undersigned. Arrive 12:36

Division 12 Section 1 Blk/Row _____ Lot 44 Grave 4

Grave space & Care Fund E-19043

Overtime/Late Arrival Fees .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees .....

Sales taxes .....

PAID
AUG 22 2006
MOUNT HOPE CEMETERY

pd in full invoice#433424
to collections account#128591
on 08-22-2006

Total Due .....

Paid receipt number _____

Balance due 0

I hereby certify I am the SON-IN-LAW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

#228618
Franklin M Mendoza
Print Name
658 Storm St
Address
SD, CA 92114
City Zip Code
264-3905
Telephone

Invoice # _____

Work Order # E-19878

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 19878

Treasurer Collections
www.sandiegogov
(619)744-3100

08/22/2006 11:19AM 06
000000#9642 LPA

#3216723
MT HOPE $1298.67

ITEMS 10
***TOTAL
$1298.67
CASH $1299.00
CHANGE $0.33

E 19878

City of San Diego

City Treasurer - Collection Division

Payment Receipt

Payment Slip No.	3912	
Debtor Primary ID	3216723	MENDOZA, FRANKLIN M

☐ *Table U* ☐ *Legal* ☐ *Impound* ☐ *Documents*

Number of Items	
Total Due	$1,298.67
Payment Amount	**$1,298.67**
Balance after Payment	$0.00

PAID

AUG 2 2 2006

Payment Information:

Payment Date	8/22/2006	*Received By*	TGAOA

Payment Method	*Payment Amt*
Cash	$1,298.67
Total Payment	$1,298.67
Total Cash Payment	$1,298.67
Less Cash Received	$1,299.00
Change Amount	$0.33

This document is a valid receipt for payment of the amount indicated only when officially stamped paid by the City Treasurer, Collection Division in the shaded Payment Information Box above.

Customer Copy

8/22/2006/KDamonSanchez/303

Tuesday, August 22, 2006

E19878

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

	AGU 14R		X			

Blind Check Initiated By: _____ Date: _____

Interment space for: E. Gonzales

Interment Date: 8-25 Time: 11:00

Div: 12 Sect: 1 Blk/Row: _____ Lot: 44 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-24-06

CREMAINS WERE PLACED _____

E198781-4-06

· Office of the City Treasurer | City of San Diego

Refer Family To Collections Due Date 1-14-06

Business hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. need To pay In Full To collection

Delinquent Bills - Debts

The Collection Division is responsible for the collection of all delinquent monies owed to the City of San Diego.

1010 Second Avenue, 6th Floor West Tower
San Diego, CA 92101
(619) 744-3100
Fax: (619) 533-3840
E-mail: collections@sandiego.gov

$1,298.67

Contract Expires April 2007 monthly $57.00 Final $64.20 E-19043

Pin# 228618 E19878

MENDOZA, FRANKLIN M. 658 Stork Street #~~4~~ 1 SD CA 92114 (619) 527-8612

DIV 12 SEC 1 LOT 44 GR 4

		DEBIT	CREDIT	BALANCE
04-01-05	Opened Pre-Need Lot & Trust with 25% down	$1,833.20	458.00	$ 1,375.20
	Trust to include O/C, B/C, H/F, R/F, Taxes pd down payment with Visa			
5[illegible]/05	R-58862 Coupon 1 may 05		57.00	1318.20
6/15/05	R-58965 " 2 June 05		57.00	1261.20
9/23/05	R-59212 " 3 + 4 July, Aug 05		150.00	1111.20
12-15-05	mailed delinquent cert letter			
	Family must pay [illegible] to avoid collections			

sent to Collections
1-4-06

433424 INVOICE#

~~ACCOUNT #128591~~

~~INVOICE #~~ 128591 ACCOUNT#

ACR07I INVOICE INQUIRY

INVOICE: 433424 INV TOTAL: 1,111.20

ACCOUNT: 128591 NAME: FRANKLIN M. MENDOZA

INVOICE STATUS

DISPOSITION	DATE	AMOUNT
REFERRED TO TREAS COLLECTION		

COLLECTION ACTIONS

LATE NOTICE - 1ST:
- 2ND:
- 3RD:

REFERRED TO - TREAS COLLECTION: 01/24/06
- CITY ATTORNEY :
- COLLECTION AGENCY:

LATE CHGS BILLED

	DATE	INVOICE	AMOUNT
LATE CHG-1:			
-2:			

PRESS PA1 KEY FOR NEXT SCREEN

E 19878

77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HELADIO	-	GONZALEZ	01/25/1929	08/20/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	MARIA GONZALEZ, DAUGHTER 658 STORK ST APT#1 SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶ [signature]	08/24/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed gifted herein is on of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	08/25/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH DISCLOSED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- -

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST,SAN DIEGO,CA,92102	11B. DATE BURIED 8-25-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS 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 ▶		
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 DISPOSER – IF APPLICABLE	

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

COPY 3 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9e (REV.12/94)

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.)

Paid by M/C
Late fee 015375 AP

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Late arrival @ 3:21

Family Billed 9-1-06

Date 8-22-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Collin Yarbrough Jr. Pin 230376

in a DD CRYPT "A" (Type of Burial Container) Funeral, date, time Thursday Aug. 31 1:00

Church, Chapel, Graveside _____ : Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1451 Grave 1

Grave space & Care Fund	2264.—
Overtime/Late Arrival Fees — Late Arrival pd AP 015375	
Opening/Closing & Setup — 20 533.00	1066.—
Burial Container	539.—
Handling Fees — AUG 23 2006	454.—
Flower vases – Marker setting fee — Trion AP 015375	
Recording/Filing/Transfer Fees — 225 65.00	130.—
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number MC AP 023057	4,494.77
Balance due	Ø

PAID

MOUNT HOPE CEMETERY

I hereby certify I am the x Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin 230375

I hereby authorize the interment in lot I hold under deed.

x Frankie Yarbrough
Signature

mailed Deed 9-20-06

paulette

x FRANKIE YARBROUGH
Print Name

x 7350 Skyline Dr.
Address

x S.D. CA 92114
City Zip Code

x 619-264-1137
Telephone

Invoice # _____

Work Order # E-19879

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 19879

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH 0

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER D.D. CRYPT "A"

		Cecil	Scott			
			X	FANCHER	EZELL	
		Roy	Vincent	Davis		

Flagged **Yes** X **No** /

Blind Check Initiated By: Kevin Date: 8/29/06

Interment space for: Collin Yarbrough Jr.

Interment Date: Thursday Aug-31 Time: 1:00 Chapel Church

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1451 Gr: ____

Grave Laid out by: ____

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-29-06

CREMAINS WERE PLACED ____

E19879

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 76

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
COLLIN	-	YARBROUGH JR	03/05/1930	08/23/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FRANKIE YARBROUGH, WIFE 7350 SKYLINE DRIVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Funeral director or person acting as such	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sienna Pryor	08/25/2006

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.

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	11.00	08/25/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-31-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Nancy Fanton	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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.)

E19879

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4381322156665644

DATE: 09/15/06 TIME: 11:27:34
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 172
CD TYPE: MC
TR TYPE: PR

TOTAL: $278.71

ACCT: **********9262 EXP: ****
AP: 015375
NAME: FRANKIE YARBROUGH
CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X Frankie Yarbrough
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Collin Yarbrough Jr.
10-1451
Late fee + prior base

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
Res. fee

Date 8-22-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thaiya K. Vongkhotsombat Pin 230370

in a 0-Liner (Type of Burial Container) Funeral, date, time Friday Aug 25 2:00

Church, Chapel, Graveside : Cypess View Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 115 Grave 1

Grave space & Care Fund	142.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	172.-
Burial Container	99.-
Handling Fees	36.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	7.67
Total Due	527.67
Paid receipt number Visa AP 023694	527.67
Balance due	0

PAID
AUG 23 2006
MOUNT HOPE CEMETERY

I hereby certify I am the x Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x _____
Signature

x Susan Vong Khotsombat Pin 230369
Print Name

x 2545 1/2 Pair mount
Address

x San Diego CA Ave.
City Zip Code

x 801.556 9161 92105
Telephone

Paulette

Work Order # E-19880

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19880

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER O-Liner

			X			

Flagged Yes ✓ **No**

Blind Check Initiated By: Paulette Date: 8-24

Interment space for: Baby Thaiya K. Vongkhot-sombat Still born

Interment Date: Friday Aug 25 Time: 2:00 p.m.

Div: 9 Sect: 1 Blk/Row: ____ Lot: 115 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-24-00

CREMAINS WERE PLACED ____

E19880

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SOUTHAIYA	KAILYN	VONGKHOTSOMBAT	08/13/2006	08/13/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	SUSAN VONGKHOTSOMBAT - MOTHER 2545½ FAIRMOUNT AVE SAN DIEGO CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
EL CAMINO MEMORIAL-IMPERIAL AVE 3953 IMPERIAL AVE SAN DIEGO CA 92113	FD-670

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16365 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT — person taking permit ▶	8B. DATE SIGNED 08/22/2006

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID $11.00	9B. DATE PERMIT ISSUED 08/24/2006 L CASTRO	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2604889 ▶
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 9-25-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 8/29/06

Low Income ✓

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christopher DeShawn Sylvester #230373

in a Liner (Type of Burial Container) Funeral, date, time Tues Aug. 29 11.00

Church, Chapel, Graveside CA Burial 234-3272 Mortuary Jeannette

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____ will be applied and billed to undersigned. #213.00 Ralph E Briggs X

Division 11 Section 2 Blk/Row ____ Lot 8 Grave 5

* Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number R-59760	1,679.47
Balance due	0

PAID
AUG 27 2006
MOUNT HOPE CEMETERY

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. #230372

I hereby authorize the interment in lot I hold under deed.

Signature: Marian E. Briggs

X Print Name: Marian E. Briggs

X Address: 5206 La Paz

X City: S.D. Zip Code

X Telephone: 619-264-3616

Reg. Fee

Invoice # ____

Work Order # E-19881

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19881

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

			#5 X			

Flagged (yes)

Blind Check Initiated By: Sandra Date: 8-28-06

Interment space for: Christopher DeShawn Sylvester

Interment Date: Tues Aug 29 Time: 11:00 am

Div: 11 Sect: 2 Blk/Row: ____ Lot: 8 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-28-06

CREMAINS WERE PLACED ____

E19881

Revised June 2006

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 Deceased: Christopher DeShawn Sylvester

Address: 2939 47th St.

City: San Diego State CA Zip Code 92105

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		Annual Income
(1)	$13,980	(4)	$38,810
(2)	$22,900	(5)	$45,800
(3)	$31,440	(6)	$53,560

For larger families, add $7,760 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.

Marie E. Briggs Sister 8-24-06

Signed/ Relationship Date

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 tax statement Other _____

Approved by 8/24/06

Date

Current SSA documents verified on:

Approved By DL

Date 8/24/06

Mt. Hope Cemetery

Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527

Tel (619) 527-3400 • Fax (619) 527-3403

E19881
age 37

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHRISTOPHER	DE SHAWN	SYLVESTER	08/24/1969	08/22/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CARLSBAD	SAN DIEGO	MARIAN BRIGGS, SISTER 5206 LA PAZ DRIVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	Elizabeth Bernal	08/25/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	08/25/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

10. AUTHORIZED DISPOSITION(S): BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 8-29-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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.)

E19881

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: December 6, 2005
Claim Number: 560-29-5327 DI

954 1129,M02,073,016678 000016678 01 AB 0.301

RALPH BRIGGS JR FOR
CHRISTOPHE D SYLVESTER
2939 47TH ST
SAN DIEGO CA 92105-4456

Type of Payment:
Individual–Disabled

We are writing to tell you about changes in CHRISTOPHE D. SYLVESTER's Supplemental Security Income payments. The following chart shows the SSI money due him for the months we changed. As you can see from the chart, we are only changing his 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 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 CHRISTOPHE D. SYLVESTER Will Be Changed As Follows:

From	Through	Amount Due Each Month
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.

See Next Page

SSA-L8151

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.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case Review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case. This is the only kind of appeal you can have to appeal a medical decision.
- Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

If You Have Any Questions

For general information about SSI, visit our website at www.socialsecurity.gov on the Internet. There, you will also find the law and regulations about SSI eligibility and SSI payment amounts.

E19881

HOW WE FIGURED CHRISTOPHE D. SYLVESTER'S PAYMENT FOR January 2006 ON

His Payment Amount

The most Federal SSI money the law allows us to pay	$603.00
We didn't subtract (-) any income from Federal SSI money	- 0.00
Federal SSI money	$603.00
Plus (+) the most State SSI money the law allows us to pay	+209.00
We didn't subtract (-) any income from State SSI money	- 0.00
Total Monthly SSI Payment for January 2006 on	$812.00

E19881

OFFICIAL RECEIPT

[redacted]

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

59706

Date: 8-29-06, 20 06

From: Ralph Briggs Address: 2939 47th St. SD. CA. 92105

One thousand six hundred seventy-Nine 47/100 Dollars ($ 1,679.47)

In Full Payment of At-Need Services for Christopher Sylvester

Div 11 Sec 2 Blk/Row Lot 8 Grave 5

Invoice No. E-19881

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check #1124

AC-212A (11-05)
This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
AUG 27 2006
MOUNT HOPE

ISSUED BY Sandra

CREDIT	67007	226	40
20% Sales Care	77184	905	60
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181	266	50 O/C
Burial	100		
Containers	77182	135	00 B/C
	100		
Handling Fee	77185	103	00 H/F
Recording &	100		
Misc. Fees	77183	32	50 R/F
Sales Tax	60101	10	47 tax
	78390		
TOTAL PAID	$	1,679	47

N8585996 Exp 5-24-10 264-1672

RALPH E. BRIGGS
2939 - 47TH ST.
SAN DIEGO, CA 92105

90-8154/3222
0000081154954

1124

8-28-06 Date

Pay to the Order of Mt. Hope Cemetery $1679.47

Sixteen Hundred Seventy-Nine dollars Forty Seven Cents Dollars

San Diego Metropolitan Credit Union
Post Office Box 719099
San Diego, CA 92171-9099
(619) 297-4835

Memo Grave Site

Ralph E. Briggs

⑆322281549⑆0000081154954⑈ 1124

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need in grave of James Cleveland Moore

Date 8-24-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby L. Moore Pin #230377

in a D.D. Crypt "B" (Type of Burial Container) Funeral, date, time Sept. 1 Friday 1:00

Church, Chapel, Graveside _____ ; Rags dale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ x SHM

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 64 Grave 8

Grave space & Care Fund E-12733	0
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	598.00
Paid receipt number R-59763	598.00
Balance due	0

PAID AUG 29 2006 MOUNT HOPE CEMETERY

Mortuary to pay

I hereby certify I am the x granddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Sharonia L. Moore
Signature

Res. fee 3541 Z St. SD CA 92113

Paulette

230477
x Sharonia L. Moore
Print Name
x 3541 "Z" St.
Address
x San Diego, CA 92113
City Zip Code
x (619) 251-0150
Telephone

Invoice # _____

Work Order # E-19882

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19882

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH James Cleveland Moore "A"

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER DDRPT "B"

			sherman			
		colado	X	nathan	Carr	Escaveda
						Brown

Blind Check Initiated By: Paulette Date: 8-30

Interment space for: Ruby L. Moore

Interment Date: Sept 1 Friday Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 64 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: ____

CREMAINS WERE PLACED ____

E19882

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RUBY	LEE	MOORE	08/10/1929	08/23/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHARONIA MOORE, GRANDDAUGHTER 3541 "Z" STREET SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT (Person taking permit)	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sunnika Prior	8/28/06

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.

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	08/28/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-1-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Moniz	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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	14B. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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

pre-need
(Non-Res)
cremation

Date 8-28-06

pin #230359 pin #230360

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of CArL & Eunice Yoshimine (X)

in a Mortuary will provide (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Hilgenseld Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day of an extra charge of $ CArL Porter (714) 535-4105

will be applied and billed to undersigned.

Division 7 Section 11 Blk/Row Lot 61 Grave 3

Grave space & Care Fund	B-5302	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2 @ $199.00	$398.00
Burial Container	Mort will provide OK David Lugo	(MPC)
Handling Fees	2 @ $114.00	$228.00
Trion $88.72 Flower vases – Marker setting fee	12 X 30 OK David Lugo	(MPC) 237.00
Recording/Filing/Transfer Fees	2 @ $85.00	$170.00
Sales taxes		0
Total Due		$1,033.00
Paid receipt number	AP083808 pd by Visa	1,033.00
Balance due		0

PAID
AUG 27 2006
MOUNT HOPE CEMETERY

pd seperate on Visa for Trion vase $88.72 - AP01791B
Ref-0002

I hereby certify I am the FAMILY X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Carl Yoshimine X
Signature

(714) 970-2416
CArL Yoshimine cell#

X CARL YOSHIMINE
Print Name

X 1917 W. CATALPA AVE
Address

X ANAHEIM, CA 92801
City Zip Code

X (714) 774-7758
Telephone

Invoice #

Work Order # E-19883

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19883

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 08/28/06 TIME: 15:37:27
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 160
CD TYPE: VISA
TR TYPE: PR

TOTAL: $88.72

ACCT: **********2247 EXP: ****
AP: 017918
NAME: CARL YOSHIMINE
CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

x Carl Yoshimine
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Pre-Need (NONRES)
Grd Trion Vase
For Carl Yoshimine
Div 7 Sec 11 Lot 61
Gr 3
E-19883

E19883

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 08/28/06 TIME: 15:26:13
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 160
CD TYPE: VISA
TR TYPE: PR

TOTAL: $1033.00

ACCT: **********2247 EXP: ****
AP: 063808
NAME: CARL YOSHIMINE
CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X Carl Yoshimine
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Pre-Need (Non-Res)
Cremation
E-19883
Div 7 Sec 11 Lot 61
Gr 3

IN grave w/ Francisca Mandujano

AT-Need
(NON-Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-31-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Miguel Mandujano (X) #230379

in a Ash Vault (Type of Burial Container) Funeral, date, time Fri Sept 1, 06 12:30

Church, Chapel, Graveside : CA Burial Mortuary

Claudette 225-2747

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. $283.00 [signature] X

Division 12 Section 2 Blk/Row _____ Lot 191 Grave 4 B

Grave space & Care Fund E-16345	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$199.00
Burial Container Ash Vault	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	$510.06
Paid receipt number R-59764	$510.00
Balance due	6¢

PAID
AUG 31 2006
MOUNT HOPE CEMETERY

CA. permit must accompany cremains

I hereby certify I am the Grandson X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[signature] X
Signature

X Juan Miguel Mandujano
Print Name

4235 QUINTARD E105
Address

X CHULA VISTA CA 91911
City Zip Code

X (619) 857-0613
Telephone

Invoice # _____

Work Order # E-19884

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19884

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Francisca Mandujano

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Ash vault

	#2 Jesus Cruz		#4 X		#6 Catalina Flores	
	#7	#8	#9	#10 Kacko Sinegal		

7 lagged (yes)

Blind Check Initiated By: Sandra Date: 8-31-06

Interment space for: Miguel Mandujano (A)

Interment Date: Fri Sept 1, 06 Time: 12:30 GS

Div: 12 Sect: 2 Blk/Row: ____ Lot: 191 Gr: 4B

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 8-31-06

CREMAINS WERE PLACED middle bottom

age 82 E19884

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

6985-02

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MIGUEL	G	MANDUJANO	05/08/1924	08/20/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN YSIDRO	SAN DIEGO	LUPE GOMEZ, DAUGHTER 1225 BROADWAY ST #104 CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶ Victoria Mitchell	8/28/06

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	08/28/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S): CR/BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 9-1-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601 D CRANE ST LAKE ELSINORE CA 92530	12B. DATE CREMATED 8-29-06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE *FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED* OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/5/06

Low Income ✓

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VICTORIO, CANDIDO ACUNA # 230384

in a Top Seal (Type of Burial Container) Funeral, date, time Friday Sept. 8 10:30

Church, Chapel, Graveside AZTLAN Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213 will be applied and billed to undersigned. Jose T Acuna

Division 11 Section 2 Blk/Row Lot 5 Grave 3

Grave space & Care Fund	1,132
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	355.00
Handling Fees	131.50
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	27.51
Total Due	1,945.01
Paid receipt number R-39765	1,945.01
Balance due	Ø

PAID
SEP - 5 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#230385

I hereby authorize the interment in lot I hold under deed.

Jose T Acuna (Signature)

JOSE T ACUNA (Print Name)
2343 CORTE MADURO (Address)
Chula Vista CA 91914 (City, Zip Code)
(619) 422-9839 (Telephone)

Invoice # _____

Work Order # E-19885

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19885

(Low income)

MT HOPE CEMETERY

Ø

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Top Seal vault

	Veal		X			
	Cummings				Dunbar	

Blind Check Initiated By: Paulette Date: 9-6

Interment space for: Victorio, Candido A.

Interment Date: Fri. 9/8 Time: 10:00 or 11:00 C

Div: 11 Sect: 2 Blk/Row: — Lot: 5 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 9-7-06

CREMAINS WERE PLACED

E19885

802 INSTA-STATEMENT CURRENT DATE 09/05/06

UNION BANK OF CALIFORNIA

ACCT 0123036006 (012) TYPE SAV CYCLE M-12 TRANS FROM 06/08/06

NAME VICTORIO CANDIDO ACUNA CHARGE CODE C THROUGH 09/01/06

QUESTIONS/INQUIRIES CALL 800 238-4486 NUMBER OF TRANS 10

BALANCES	CURRENT	08/17 STMT BAL	07/18 STMT BAL
55 PLUS SAVINGS	2,888.22	2,032.32	1,976.42

AMOUNT	CHECK NO	DATE	REF NO	AMOUNT	CHECK NO	DATE	REF NO
800.00DR	WITHDRAWAL	0608	37345168				
341.90CR	ELECTRONIC	0630	56961738				
2.22CR	INTEREST	0630					
514.00CR	ELECTRONIC	0703	52269552				
800.00DR	WITHDRAWAL	0710	36782614				
341.90CR	ELECTRONIC	0801	55886249				
514.00CR	ELECTRONIC	0803	51157121				
800.00DR	WITHDRAWAL	0814	36928701				
514.00CR	ELECTRONIC	0901	50973705				
341.90CR	ELECTRONIC	0901	56676505				

SUCCESSFUL TRANSACTION NO MORE TRANS

FUNCTION KEY: 1=GO TO PG1; 3=MENU; 7=BKWD; 8=FWD; CLEAR TO EXIT

E19885

Revised June 2006

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 Deceased: Victorio, Candido A

Address: _____

City: S.D State CA Zip Code _____

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		Annual Income
(1)	$13,980	(4)	$38,810
(2)	$22,900	(5)	$45,800
(3)	$31,440	(6)	$53,560

For larger families, add $7,760 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.

Signed/ Relationship _____ Date 9/5/06

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 tax statement Other _____

Approved by Maria A. Dovensky Date 9/5/06

Current Bank documents verified on: 9/5/06
Approved By MFD
Date 9/5/06

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E 19885

CANDIDO ACUNA
722 E ST APT 608
SAN DIEGO CA 92101 - 6217

Número de Cuenta 619 696-1089 242 6
Fecha de Facturación 2 jun 2006

Sitio Web att.com

Monthly Statement
Estado de Cuenta Mensual

Factura-Al-Vistazo

Factura Anterior	12.25
Pago - ¡Gracias!	12.25CR
Ajustes	.21CR
Saldo	.21CR
Cargos Actuales	27.03
Monto Total a Pagar	**$26.82**
Monto a Pagar por Completo para	2 jul 2006

Resumen de Facturación

¿Preguntas? Llame al:

Planes y Servicios 1 800 310-2355	27.03
Total de Cargos Actuales	**27.03**

Resumen de Noticias Útiles

- PREVENGA LA DESCONEXIÓN
- INFORMACIÓN DE COMPAÑÍA
- SOBREPOSICIÓN DE CÓDIGO DE ÁREA EN CA

Véase "Noticias Útiles" para más Información.

Devuelva la parte inferior con su cheque en el sobre adjunto.

Detalles de Pagos y Ajustes

Item No.	Date	Description	Adjustments	Payments
1.	5-22	Pago		12.25
2.	6-02	Ajuste por - AT&T Long Distance	.21CR	
Totales			.21CR	12.25

Planes y Servicios

Servicio Mensual - 2 jun a 1 jul

El servicio se cobra por adelantado a partir del día 2 de cada mes.

3.	Universal Lifeline Flat Rate	5.34
4.	Caller ID Selective Blocking	.00
5.	ULTS CR for FED Sub Line Chrg	4.38CR
6.	900/976 Blocking	.00
Total de Servicio Mensual		.96

Adiciones y Cambios a Servicio

Esta sección de su factura refleja los cargos y créditos provenientes de la actividad en la cuenta.

Cargos del 619 696-1089

Order No. 79406972

Item No.	Description	Quantity	Monthly Rate	Amount Billed
	Account Activity			
	(Monthly Charges are Prorated from May 3, 2006 to your Billing Date, Jun 2, 2006)			
7.	ULTS CR for FED Sub Line Chrg	1	4.38	4.09
	Servicio Agregado			
	(Monthly Charges are Prorated from May 3, 2006 to your Billing Date, Jun 2, 2006)			
8.	Federal Universal Service Fee	1	.47	.44
9.	Residence Flat Rate Service	1	10.69	10.33
	Servicio Retirado			
	(Monthly Charges were Billed in Advance and are Prorated from May 3, 2006 to Jun 2, 2006)			
10.	Universal Lifeline Flat Rate	1	5.34	5.16CR

Order No. 69328781

Item No	Description	Quantity	Monthly Rate	Amount Billed
	One-Time Charges			
11.	Change Local Toll to Same Long Distance Carrier Discount Rate	1		2.49
12.	Charge for changing long distance carrier	1		3.98
13.	Universal Lifeline Flat Rate	1		10.00

AT&T California o AT&T Nevada presta los servicios locales según la localidad de la direccion de servicio.

U.S. Pat. D410, 950 and D414, 510

E19885

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 72

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CANDIDO	-	ACUNA VICTORIO	10/03/1933	09/05/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	JOSE ACUNA, SON 2343 CORTE MADURO CHULA VISTA, CA 91914

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT (Person taking permit)	8B. DATE SIGNED
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658	[signature]	09/07/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	09/07/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST,SAN DIEGO, CA 92102	11B. DATE BURIED 9-8-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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
1st burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/5/06

Arrival 3:20 PD/R-59783 9-20-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Letha OTIS #230382

in a Top Seal (Type of Burial Container) Funeral, date, time Thurs, Sep 7, 2006 1:00pm

Church, Chapel, Graveside _____ ; Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213

will be applied and billed to undersigned. R Brown

Division 12 Section 1 Blk/Row _____ Lot 10 Grave 7

Grave space & Care Fund	2,264
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533
Burial Container	355
Handling Fees	263
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	3,507.51
Paid receipt number AP005133	3,507.51
Balance due	0

PAID
SEP - 5 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Son in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. #230383

I hereby authorize the interment in lot I hold under deed.

Signature: Ronald E Brown

Print Name: Ronald E Brown

Address: 2860 Carmar Way

City: San Diego Zip Code: CA 92139

Telephone: 619-267-2010

9-8-06 Billed late annual fee

Invoice # _____

Work Order # E-19886

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19886

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH 0

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Top Seal

			1	2	3 Cheney	
			7 X	8	9 Lewis	10

Blind Check Initiated By: Paulette Date: 9-6-06

Interment space for: Letha Otis

Interment Date: 9/7/06 Time: 1pm (C)

Div: 12 Sect: 1 Blk/Row: ____ Lot: 10 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Kevin J. Date: 9-5-6

CREMAINS WERE PLACED N/A

E19886

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 72

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LETHA	BELL	OTIS	11/28/1933	09/01/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	REGINA BROWN, DAUGHTER 2860 CARMAR WAY SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	09/05/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	09/06/2006	NANCY L BOWEN, MD ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-7-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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

Pre-Need
2nd Burial
Pd in Full

Date 09-01-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Moriyama Family

in a DD Crypt B (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 7 Section 11 Blk/Row _____ Lot 131 Grave 3 B

Grave space & Care Fund	E-13853	Ø
Overtime/Late Arrival Fees		
Opening/Closing & Setup		$533.00
Burial Container	DD Crypt B	Ø
Handling Fees	05-04-06 WO# 4902	Ø
Flower vases – Marker setting fee	Purchased gal vase on R-59606	Ø
Recording/Filing/Transfer Fees		$65.00
Sales taxes		Ø

PAID SEP 1 2006 MOUNT HOPE CEMETERY

09-01-06 Total Due Pd by Visa $598.00

Paid receipt number Pd by Visa $598.00

Pd in Full Balance due Ø

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. PIN# 215570

I hereby authorize the interment in lot I hold under deed.

Shigeru Moriyama X
Signature

X SHIGERU MORIYAMA
Print Name

X 6738 AKINS AVE
Address

X SAN DIEGO, CA.
City Zip Code

X 264-4600
Telephone

David Lugo
Cemetery Mrg.

Invoice # _____

Work Order # E-19887

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19887

2nd O/C Paid Moriyama

2nd Burial pd on DD Crypt

CITY OF SD MT HOPE CEMETE

E-19887 3751 MARKET ST

SAN DIEGO CA 92102

619-527-5474

4301322156665644

DATE: 09/01/86 TIME: 10:33:55

MER#: 322156665644 STR#: 4301 TER#: 0002

S-A-L-E-S D-R-A-F-T

REF: 0001

BATCH: 163

CD TYPE: VISA

TR TYPE: PR

TOTAL: $598.00

ACCT: **********4597 EXP: ****

AP: 001498

NAME: SHIGERU MORIYAMA

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

Div 7 Sec 11 Lot 131 Gr 3 B

THANK YOU

PLEASE COME AGAIN

X Shigeru Moriyama

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

AT-Need
Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

will arrive @ Date 9-6-06

Arrival Time @ gravesite 2:00 P.m.

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Clayton Duston #230386

in a LINER (Type of Burial Container) Funeral, date, time Fri Sept 8, 06 10:00

Church (Chapel) Graveside : Pacific Beach Mortuary. John 858 488-5553

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Tyrone Smith X

TO ok per Tyrone change by Phone

Division MAS Section C Blk/Row ____ Lot 5 Grave ~~8~~ 10

Grave space & Care Fund	$ 2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$ 533.00
Burial Container LINER	$ 270.00
Handling Fees	$ 206.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	$ 65.00
Sales taxes	$ 20.93
Total Due	$ 3,358.93
Paid receipt number R-59771	$ 3,358.93
Balance due	0

PAID SEP 06 2006 MOUNT HOPE CEMETERY

I hereby certify I am the friend X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Tyrone Smith X
Signature

X Tyrone Smith
Print Name
X 206 Roanoke RD #11
Address
X El Cajon CA 92020
City Zip Code
X 619-442-5261
Telephone
619 410-7429 Cell #

Invoice # ____

Acct. # ____

Work Order # E-19888

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19888

OFFICIAL RECEIPT

[redacted]

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

59771

Date: 9-6-06, 2006

From: Joseph Keenan (Trustee) Address: 180 Rea Ave Ste D El Cajon CA 92020

Three Thousand Three hundred Fifty-Eight 93/100 Dollars ($ 3,358.93)

in Full Payment of AT-Need Services For John Clayton Duston

Div MAS Sec C Blk/Row ____ Lot 5 Grave 8

Invoice No. E-19888

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check # 1027

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

SEP 06 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101		
	78390		
TOTAL PAID	$	3,358	93

AC-212A (11-05)
This information is available in alternative formats upon request.

JOSEPH I. KEENAN, TRUSTEE
THE JOHN DUSTON IRREVOCABLE
SPECIAL NEEDS TRUST
180 REA AVE., STE. D
EL CAJON, CA 92020-3918

16-24 4566
1220
6195674599

1027

Date Sept 5, 2006

Pay to the Order of Mt. Hope Cemetery $ 3358.93/xx

Three thousand three hundred fifty-eight and 93/100 Dollars

WELLS FARGO
Wells Fargo Bank, N.A.
California
wellsfargo.com

Memo Burial Xp.

[redacted]

E19888

DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 07-30-08

S0664310

JOHN CLAYTON DUSTON
1319 EMERALD ST
SAN DIEGO CA 92109

SEX:M HAIR:BRN EYES:GRY
HT:6-02 WT:200 DOB:07-30-50

06/11/2003 519 AS FD/08

E19888

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER LINER

			TA DAVIS	NANCY DAVIS		
			MAS-C LOT 5 X GR 10			
		LOT 5 MAS-D #16 Henry Berasen	MAS-D LOT 6 #5 Elias Palmer			

7 flagged (yes)

Blind Check Initiated By: Sandra Date: 9-7-06

Interment space for: John Clayton

Interment Date: FRI Sept 8, 06 Time: 10:00 Chapel A.m

Div: MAS Sect: C Blk/Row: ____ Lot: 5 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 9-6-06

CREMAINS WERE PLACED ____

E19888

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 56

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	CLAYTON	DUSTON	07/30/1950	08/28/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ELLEN BOHAN, PUBLIC ADMIN 5201-A RUFFIN RD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - PB, 4710 CASS ST SAN DIEGO, CA 92109	FD-815	▶ Lisa Clark	09/05/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103056 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	09/06/2006	NANCY L BOWEN, MD ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- -

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 9-8-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS 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 ▶		
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 DISPOSER – IF APPLICABLE	

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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.)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61679

Date: MAY 14, 20 09

From: JOSEPH I. KEENAN Address: 190 REA AVE, ELCAJON CA 92020-3115

TWO HUNDRED THIRTY SEVEN AND 00/00 - Dollars ($ 237.00)

in FULL Payment of SETTING FEE FOR JOHN CLAYTON DUSTON.

Div MASON Sec C Blk/ Row — Lot 5 Grave 10

Invoice No. E-019333

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check # 1053

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAY 19 2009

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	237 00
Sales Tax	60101	
	78390	
TOTAL PAID	$	237 00

AC-212A (11-08)

This information is available in alternative formats upon request.

E 19888

RECEIVED
MAY 19 2009
By paulette

Hoyt Law Firm

181 Rea Avenue, #201D

El Cajon, California 92020

Mt. Hope Cemetery

3751 Market Street

San Diego, California 92102

Re: Memorial Marker Installation For John Clay Duston

Gentlemen:

Per our telephone conversation May 13, 2009 with your, Tom, please find enclosed check number 1053 in the amount of $237.00 for the installation of a flat memorial marker to be placed at the grave site of John Clayton Duston.

Conti & Son Monument Co. has manufactured said marker and will deliver this marker to Mt. Hope Cemetery when notified by your office. Conti & Son Monument Co. telephone number is 619-264-2480.

Thank you for your attention to this matter. Please notify this office when the marker has been installed.

Sincerely,

Joseph I. Keenan, Trustee

Encl: Check No. 1053

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need (Res)

Date 9-6-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kathleen Tso #230380

in a N/A (Type of Burial Container) Funeral, date, time Thursday Sept. 7, 9:00

Church, Chapel, Graveside : Threshold Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned.

•Division 8 Section 4 Blk/Row _____ Lot 8 Grave 1

Grave space & Care Fund	426.-
•Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.-
Burial Container N/A	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	65.-
Total Due	640.-
Paid receipt number R-59770	640.-
Balance due	0

PAID
SEP 06 2006
MOUNT HOPE CEMETERY

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

#230381

I hereby authorize the interment in lot I hold under deed.

X Theresa Steele
Signature

X Theresa Steele
Print Name

X 1424 W. Lomoore Ave Apt B
Address

X Lomoore CA 93245
City Zip Code

X 559 572-1751
Telephone

Invoice # _____

Work Order # E-19889

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19889

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER N/A

				Rengifo		
			X	Tezuka		
		Fillmore	King	Robinson		
			Stone	Stone		

Blind Check Initiated By: Paulette Date: 9-6

Interment space for: Kathleen Tso Ø

Interment Date: 9-7-06 Time: 9:00 am

Div: 8 Sect: 4 Blk/Row: ____ Lot: B Gr: 1

Grave Laid out by: DARREYL

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 9-6-06

CREMAINS WERE PLACED on the right

age 63 E19889

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KATHLEEN	ANN	TSO	10/17/1942	08/30/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	THERESA STEELE, DAUGHTER 1424 N. LEMOORE AVE., #B LEMOORE, CA 93245

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
THRESHOLDS, 8719 LOS COCHES ROAD LAKESIDE, CA 92040	FD1788	▶ [signature]	09/06/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	09/06/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
DISINTERMENT/BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-7-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

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.)

E19889

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KATHLEEN	ANN	TSO	10/17/1942	08/30/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	THERESA STEELE, DAUGHTER 1424 N. LEMOORE AVE., #B LEMOORE, CA 93245

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
THRESHOLDS, 8719 LOS COCHES ROAD LAKESIDE, CA 92040	FD1788	▶ [signature]	09/05/2006

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/05/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CREMATION/RESIDENCE	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC., 2570 FORTUNE WAY, VISTA, CA 92081	12B. DATE CREMATED 9/5/06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ J W Schoch
SCIENTIFIC USE	13A. 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	14B. 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 RES-THERESA STEELE, DTR., 1424 N. LEMOORE AVE., #B, LEMOORE, CA 93245	15B. DATE OF DISPOSITION 9-7-06	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature] — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — 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.)

Indigent
Burial Pin#2
AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-06

Pin #230388

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christopher Daowz PA# 2007-0017

in a DD Crypt A (Type of Burial Container) Funeral, date, time Weds Sept. 13 1:00

Church, Chapel, Graveside Delivery only ; Preferred Crem Mortuary Brenda 584-7000

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section ~ Blk/Row ~ Lot 21 Grave 2 A

Grave space & Care Fund	$131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$454.00
Burial Container DD Crypt A	$132.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	$49.00
Sales taxes	$10.23
Total Due	776.23
Paid receipt number Visa AP077725	$776.23
Balance due	Ø

PAID
SEP 06 2006
MOUNT HOPE CEMETERY

PA
Darnell Price
858 694-3507
858 495-5127-Fax

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X
Signature

X see attach
Print Name

X for signature
Address

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E-19890

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19890

Location:
Div. 13, Lot, 21 Gr. 2A
E-19890

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 09/06/06 TIME: 15:39:42
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0003
BATCH: 165
CD TYPE: VISA
TR TYPE: MP

TOTAL: $776.23M

ACCT: **********0301 EXP: ****
AP: 077725
CUST CD: TAX: 0.00

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

x phone, fax, mail
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Interment of Christopher Dawz
P.A. #2007-0017

527-3403

ATTen: Marco De la Toba

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Indigent
Burial
AT-Need

Date 9-6-06

You are hereby authorized and instructed subject to your rules and regulations, to inter the remains of Christopher Daowz PA# 2007-0017

in a DD Crypt A (Type or Outer Container) Funeral date, time Weds Sept. 13

Church, Chapel, Graveside Delivery only ; Preferred Crem Mortuary Brenda 584-7000

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section — Blk/Row — Lot 21 Grave 2 A

Grave space & Care Fund	$131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$454.00
Burial Container DD Crypt A	$132.00
Handling Fees SEP 0 6 2006	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	$49.00
Sales taxes	$10.23
Total Due	776.23

FA
Darnell Price
858 694-3507
858 495-5127 - Fax

Paid receipt number Visa AP077725 $776.23

Balance due 0

I hereby certify I am the Public Administrator X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[signature], SDPA-X
Signature

X PUBLIC ADMINISTRATOR
Print Name PUBLIC GUARDIAN
X 6201-A RUFFIN ROAD
Address
X SAN DIEGO, CALIFORNIA 92123-1699
City Zip Code
X
Telephone

Invoice # _____

Work Order # E-19890

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Reuse of Wordsmith Inc.

E19890

age 37

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FND

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHRISTOPHER	—	DAOWZ	07/03/1969	07/02/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Vista	San Diego	Deputy Darnell Price Public Administrator 5201-A Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT	8B. DATE SIGNED
Preferred Cremation and Burial 6163 University Avenue San Diego, CA 92115	FD1746	▶ Mark Jenkins	09/12/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11100	09/12/2006	Mark Jenkins ▶ 2604990

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING – REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-11-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

1ST Burial ONLY
At Need
12 CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

arrival time 3:33pm

Date 9-6-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hollis Gentry III #230394

in a Double Depth Crypt "A" (Type of Burial Container) Funeral, date, time Friday Sept. 15th 1:00pm

Church, Chapel, Graveside _____ ; Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 11 Section 2 Blk/Row — Lot 82 Grave 2

Grave space & Care Fund	E-1168	Ø
Overtime/Late Arrival Fees	Late arrival fee R-59788 CK # 2412	—
Opening/Closing & Setup	(1)	533.00
Burial Container		539.00
Handling Fees		454.00
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	(1)	65.00
Sales taxes		91.77
Total Due		1632.77
Paid receipt number	R-59774	1,632.77
Balance due		Ø

PAID
SEP 12 2006
MT. HOPE CEMETERY

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

pin # 208088

I hereby authorize the interment in lot I hold under deed.

X Signature

Billed late arrival fee 9-15-06

Paulette

Work Order # E-19891

X Print Name
X Address
X City Zip Code
X Telephone

See attached

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19891

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER DD CRYPT "A"

		Claesen				
		Hollis Gentry Jr	X	Kinney		
						James Cunningham

Blind Check Initiated By: Paulette Date: 9-12-06

Interment space for: Hollis Gentry III

Interment Date: Friday Sept. 15 Time: 1:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 82 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Norris Date: 9-13-06

CREMAINS WERE PLACED ____

E19891

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-06

At Need arrival time 3:33 P.m

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hollis Gentry III in a Double Depth Crypt "A" (Type of Burial Container) Funeral, date, time Friday Sept 15th 1:00pm Church, Chapel, Graveside ; Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row — Lot 82 Grave 2

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	1632.77

Paid receipt number

Balance due

I hereby certify I am the Mother w/DPOA of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Theodora Gentry
Signature

Theodora Gentry
Print Name

5257 Solola Avenue
Address

San Diego, CA 92114
City Zip Code

(619) 262-6377
Telephone

Invoice #

Acct. #

Paulette
Order # E-19891

This information is available in alternative formats upon request.

E19891
age 51

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HOLLIS	-	GENTRY III	12/03/1954	09/05/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	THEODORA GENTRY, MOTHER WITH DPOA 5257 SOLOLA AVENUE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	09/11/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	09/13/2006	▶ NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-15-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-7-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OPAL NIELSEN #220819

in a Top Seal Vault (Type of Burial Container) Funeral, date, time Mon. Sept. 11, 2006 2:00 pm

Church, Chapel, Graveside : Pacific Beach Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned.

Division 10 Section _____ Blk/Row _____ Lot 4088 Grave 1

Grave space & Care Fund C-0822	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.—
Burial Container	356.—
Handling Fees	263.—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.—
Sales taxes	27.51
Total Due	1243.51
Paid receipt number AP046850	1,243.51
Balance due	0

PAID SEP 07 2006 MOUNT HOPE CEMETERY

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

Janice Johnson Print Name

X Address See attach

X City for signature Zip Code

X Telephone

San Diego Res.

Invoice # _____

Work Order # E-19892

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

4004 Mt. Brundage
SD. Ca 92111

858 488 3583

Janice Johnson
1- 858-922-4204

At 1:00

E 19892

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OPAL NIELSEN in a Top Seal Vault (Type of Burial Container) Funeral, date, time Mon. Sept. 11, 2006 2:00 pm Church, Chapel, Graveside Pacific Beach Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 16 Section _____ Blk/Row _____ Lot 4088 Grave 1

Grave space & Care Fund C-0822	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.—
Burial Container	355.—
Handling Fees	263.—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.—
Sales taxes	27.51
Total Due	1243.51
Paid receipt number AP 046850	1,243.51
Balance due	0

PAID SEP 07 2006 MOUNT

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 hold under deed.

X Janis G. Johnson (Signature)

Janis Johnson (Print Name)
X 4651 Pico St #107 (Address)
X San Diego CA 92109 (City, Zip Code)
X 858-922-4204 (Telephone)

Invoice # _____

Acct. # _____

San Diego Res.

Work Order # E-19892

...information is available in alternative formats upon request.

FAX 619-527-3403

E19892

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Top Seal Vault

		Jones	morgan	morgan		
	Tracy	Nielsen	X	Anderson	Hee	
	Neuson	Pafort	Schaffner	Sink		

Blind Check Initiated By: Paulette Date: 9-7-06

Interment space for: OPAL Nielsen

Interment Date: Mon. Sept. 11 Time: 2:00 graveside

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4088 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: ____

CREMAINS WERE PLACED ____ 858 488 883

E19892

To MT Hope

619- 527- 3403

CALIFORNIA
SENIOR CITIZEN IDENTIFICATION CARD
Z0061918
OPAL GWENDOLYN NIELSEN
4004 MT BRUNDAGE AVE
SAN DIEGO CA 92111
SEX:F HAIR:RED
HT:5-04 WT:130 DOB:01-10-22

From JAN Johnson

858- 922 - 4204

E19892

age 84

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
OPAL	GWENDOLYN	NIELSEN	01/10/1922	09/04/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JANIS G. JOHNSON, DAUGHTER 4651 PICO ST. #7 SAN DIEGO, CA 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-PAC. BEACH, 4710 CASS ST. SAN DIEGO, CA 92109	FD-815	▶ Carla Hrin	09/11/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	09/11/2006	NANCY L BOWEN, MD ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 9-11-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS 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 ▶		
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 DISPOSER – IF APPLICABLE	

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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 (Res)

Date 9-11-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marcie Lee Lampkin #230389

in a DD Crypt A (Type of Burial Container) Funeral, date, time Thurs Sept 14, 1:00

Church, Chapel, Graveside _____ Raysdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Anita C. Blanch X

Division 7 Section 14 Blk/Row _____ Lot 12 Grave 1,2,3

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ $533.00	$1,066.00
Burial Container DD Crypt	$539.00
Handling Fees	$454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 @ $65.00	$130.00
Sales taxes	$41.77
Total Due	$4,494.77
Paid receipt number R-59773	$4,494.77
Balance due	Ø

PAID SEP 11 2006 MOUNT HOPE CEMETERY

I hereby certify I am the WIDOW X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. #230390

I hereby authorize the interment in lot I hold under deed.

Olivia Lampkin
Signature

X OLIVIA LAMPKIN
Print Name

X 4968 DAFTER PLACE
Address

X SAN DIEGO CA 92114
City Zip Code

X (619) 263-5200
Telephone

CO PURCHASOR ANITA BLANCH
PIN #230392

Invoice # _____

Work Order # E-19893

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19893

DMV CALIFORNIA DMV

DRIVER LICENSE

CLASS:C

EXPIRES 04-10-08

D0296211

MARCIE LEE LAMPKIN
4968 DAFTER PL
SAN DIEGO CA 92102

SEX:M HAIR:BLK
HT:6-03 WT:252 DOB:04-10-36

RSTR: CORR LENS

Marcie L Lampkin

05/21/2003 212 OL FD/08

E19893

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ∅

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER DD Crypt A Mt Burial

	Catherine Jones	Malachow	Thomas Imzon			
	③	②	① X			

Flagged (yes)

Blind Check Initiated By: Sandra Date: 9-11-06

Interment space for: Marcie Lee Lampkin

Interment Date: Sept 14, 06 Thurs Time: 1:00 (C)

Div: 7 Sect: 14 Blk/Row: ____ Lot: 12 Gr: 1, 2, 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Moriera Date: 9-12-06

CREMAINS WERE PLACED ____

E19893

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 69

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARCIE	LEE	LAMPKIN	04/10/1937	09/05/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	OLIRRIA LAMPKIN, WIFE 4968 DAFTER PLACE SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Olirria Lampkin	09/08/2006

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	09/08/2006	▶ NANCY L BOWEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-14-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Morrison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 ▶	
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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

pre-need.
2nd burial

Date 9-11-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Irina Tuniyants pin 224776

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 5153 Grave _____

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 MC #156938	119.60
Balance due	478.40

PAID
JUL - 9 2007
MOUNT HOPE CEMETERY
(8 bal pd on 7/9/07)
P-00885

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot pin 224776 hold under deed.

Signature

Paulette

Print Name x IRINA TUNIYANTS

Address x 10830 Via Las Mayas #A

City x San Diego Zip Code CA 92129

Telephone (858) 672-89-55

Invoice # _____

Work Order # E-19894

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19894

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P00885

Date: 7/6, 20 07

From: Irina Tuniyants Address: On file

Dollars ($ 28.40)

in _____ Payment of Pre-need Trust 2nd burial

Div 10 Sec _____ Blk/Row _____ Lot 5153 Grave 1 ~~5153~~

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL - 6 2007

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	28 40

AC-212 (11-05)

This information is available in alternative formats upon request.

E19894

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P00781

Date: 4-10, 20 07

From: I Tuniyants Address: on record

Fifty Dollars ($ 50 -)

in part Payment of Piv trust

Div 10 Sec Blk/Row Lot 5153 Grave

Invoice No. E · 19895

Acct. No.

W.O.

BALANCE DUE $ ~~33.89~~ 128.40

☐ Pre-Need Lot ☑ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 10 2007

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	50 -
Trust	77186	
TOTAL PAID	$	50 -

AC-212 (11-05)

This information is available in alternative formats upon request.

MO# 100262 7432

E 19894

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P00827

Date: 05-15, 2007

From: Irina Juniyanta Address: on record

Fifty and 00 Dollars ($ 50 -)

in part Payment of Pre-need Trust Coupon #8

Div 10 Sec ____ Blk/Row ____ Lot 5153 Grave ____

Invoice No. E 19894

Acct. No. ____

W.O. ____

BALANCE DUE $ 78.40

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 813

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
MAY 15 2007
MOUNT HOPE CEMETERY

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	50 -
Trust	77186	
TOTAL PAID	$	50 -

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY.
(619) 527-3400

P00852

Date: 06/06, 20 07

From: Irma Tunicyants Address: on file

Fifty and 00 Dollars ($ 50 -)

in Part Payment of Pre-need trust coupon #9

Div 10 Sec _____ Blk/Row _____ Lot 5153 Grave _____

Invoice No E- 19894

Acct. No. _____

W.O. _____

BALANCE DUE $ 28.10

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 817

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN - 6 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	50. -
Trust	77186	
TOTAL PAID	$	50. -

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P00735

Date: 3/8/07, 2007

From: Irmi Turniyants Address: On record

Fifty and 00 Dollars ($ 50.—)

in part Payment of pre-need trust coupon #6

Div 10 Sec Blk/Row Lot 5153 Grave

Invoice No. E - 19894

Acct. No.

W.O.

BALANCE DUE $178.40

5641582321

☐ Pre-Need Lot ☑ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAR - 7 2007

MOUNT HOPE CEMETERY

ISSUED BY paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	50.—
Trust	77186	
TOTAL PAID	$	50.—

AC-212 (11-05)

This information is available in alternative formats upon request.

E19894

WEATHER DATE

Mt. Hope Cemetery

#1. Check # 751 3/10 - $50.00

#2. Check # 771 2/11 - $50.00

#3. Check # 779 - 5/11 - $50.00

#4. M.G 2/1-2007 — $50.00.
4916T659723

#5 M.G 9/11-2007 — $50.00
4919682728

$250.00

$458.47 - $250.00 = $208.47

IRINA TUNIYANES

OFFICIAL RECEIPT

[redacted]

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00703

Date: Feb. 13, 2007

From: D. Tuniyants Address: on record

Fifty and 00 Dollars ($ 50.-)

In part Payment of Pre-need trust. Coupon #5

Div 10 Sec Blk/Row Lot 5153 Grave

Invoice No. E019894

Acct. No.

W.O.

BALANCE DUE $ 228.40

4919682728

☐ Pre-Need Lot ☐ ~~Money Order~~

☐ Pre-Need Trust ☐ Charge

☒ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 13 '07

MOUNT HOPE

ISSUED BY PC

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	50 —
Trust	77186	
TOTAL PAID		$ 50 —

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00647

Date: 1-8, 20 07

From: Irina Tuniyants Address: on record

Dollars ($ 50.-)

in part Payment of Pre-need trust coupon # 4

Div 10 Sec Blk/Row Lot 5153 Grave

Invoice No. E 19894

Acct. No.

W.O. $ 278.40

BALANCE DUE ~~$398.68~~

#4916165972

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 08 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	50	—
Trust	77186		
TOTAL PAID		$ 50	—

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00567

Date: 11/6, 20 06

From: Irina Tumyants Address:

Fifty and 00/00 Dollars ($ 50 —)

in part Payment of Pre-need trust account

Div 10 Sec Blk/Row Lot 5153 Grave 1

PAID

Invoice No. E 019894

Acct. No.

W.O.

BALANCE DUE $ 378.40

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

NOV - 6 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	50.—
Trust	77186	
TOTAL PAID	$	50 —

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 771

ISSUED BY paulette C.

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00516

Date: 10/4, 20 06

From: I. Tuniyants Address: on record

Dollars ($ 50 —)

in part Payment of Pre-need trust

Div 10 Sec Blk/Row Lot 5153 Grave

Invoice No. E019894

Acct. No.

W.O.

BALANCE DUE $428.40

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

OCT 03 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	50	—
Trust	77186		
TOTAL PAID	$	50	—

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 751

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00614

Date: 12 - 7 , 20 06

From: Irina Tunyants Address: on record

Fifty and 0/00 Dollars ($ 50.-)

in part Payment of Pre-need trust account, coupon # 3

Div 10 Sec — Blk/Row — Lot 5153 Grave —

Invoice No. E - 19894

Acct. No.

W.O.

BALANCE DUE $328-40

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 779

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 0 7 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	50 —
Trust	77186	
TOTAL PAID	$	50 —

AC-212 (11-05)

This information is available in alternative formats upon request

Pre-Need Trust for Irina Tuniyants MONTHLY $19.93 E-19894

Pin# 224776 FIRST PAYMENT DUE OCT 11, 06

Tuniyants, Irina 10830 Via Las Mayel #A, SD CA 92129 (858) 672-8955

DIVISION 10 LOT 5153

		Debit	Credit	Balance
09/11/06	Opened pre-need trust account w/20% down. Pd by using visa account. MC156938. For second DD Crypt Burial.	598.00		598.00
			119.60	478.40
10/4/06	Coupon #1 P-00516		50-	428.40
10/6/06	" 2 P-00567		50-	378.40
12/7/06	" 3 P-00614		50-	328.40
1-8-07	" 4 P-00647		50-	278.40
2/14/07	" 5 P-00703		50-	228.40
3/8/07	" 6 P-00735		50-	178.40
4/10/07	" 7 P-00781		50-	128.40
5-15-07	" 8 P-00821		50-	78.40
6-7-07	" 9 P-00852		50-	28.40
7-6-07	" 10 P-00885		28.40	~~20~~ 4

PAID

JUL - 6 2007

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At. need fee. fee

Date 9-12-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn V. Jackson # 230398

in a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time Mon. Sept 18 1:00 pm

Church, Chapel, Graveside Good Samaritan church : Anderson Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 107 Grave 1

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees wo#5133	454.-
Ground tr. on $65.71 / $178.00 Flower vases – Marker setting fee	243.71
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	4140.48
Paid receipt number AR 001771	4140.48
Balance due	0

PAID

SEP 13 2006

MOUNT HOPE CEMETERY

I hereby certify I am the husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. # 230399

I hereby authorize the interment in lot I hold under deed.

Willie F. Jackson (Signature)

mailed Deed 9-20-06

Paulette/David

Willie F. Jackson (Print Name)

7075 Madrone Ave. (Address)

San Diego, CA 92114 (City, Zip Code)

(619) 262-1682 (Telephone)

Invoice # _____

Work Order # E-19895

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Veteran's ID Approved by husband

E19895

UNITED STATES UNIFORMED SERVICES

U.S. NAVY
RETIRED

RANK / PAY GRADE
SCPO / E8

EXPIRATION DATE
INDEF

SIGNATURE

SOCIAL SECURITY NUMBER
240-42-7075

JACKSON WILLIE F

IDENTIFICATION CARD

CALIFORNIA

SENIOR CITIZEN IDENTIFICATION CARD

H0649148

EXPIRES 10-15-06

This identification card is issued solely for identification purposes. It does not establish eligibility for employment, voter registration, or public benefits.

EVELYN UTCIAN JACKSON
7025 MACKONE AVE
SAN DIEGO CA 92114

SEX: F HAIR: GRY EYES: BRN
HT: 4-11 WT: 165 DOB: 10-15-30

11/21/96 614 30/ FD/ 1072

E 19895

CALIFORNIA

SENIOR CITIZEN IDENTIFICATION CARD

H06 9148

EXPIRES 10-15-06

This identification card is issued solely for identification purposes. It does not establish eligibility for employment, voter registration, or public benefits.

EVELYN VIVIAN JACKSON
7025 MALKONE AVE
SAN DIEGO CA 92114

SEX: F HAIR: GRY EYES: BRN
HT: 4-11 WT: 165 DOB: 10-15-30

Evelyn V Jackson

11/21/96 614.30/ FD/ 1072

E 19895

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER DDCRYPT "A"

			X		Adams	
				David Brown	Beatrice Brown	shapshire

Blind Check Initiated By: Paulette Date: 9/14

Interment space for: Evelyn V. Jackson

Interment Date: Mon Sept 18 Time: 1:00 pm - Church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 107 Gr: 1

Grave Laid out by: Thomas Pegues

Agrees with Legal Card: ☐ Yes ☐ No CAUTION

Agrees with Map: ☐ Yes ☐ No Irrigation & ELECTRICAL WIRES

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E19895

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

pg 75

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EVELYN	VIVIAN	JACKSON	10/15/1930	09/11/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	SYLVIA M. JACKSON, DAUGHTER 7025 MADRONE AVENUE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person acting permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	[signature]	09/12/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	11.00	09/18/2006	NANCY L BOWEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-18-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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	
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 DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — 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

City of San Diego

At need Res. fee

Date 9-13-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ADAM MOORE #215355

in a LINER (Type of Burial Container) Funeral, date, time Tues. Sept. 19, 12:00

Church (Chapel) Graveside ; CA BURIAL Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Gloria

will be applied and billed to undersigned.

Division 10 Section ____ Blk/Row ____ Lot 1567 Grave 1

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.—
Burial Container	270.—
Handling Fees	206.—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65
Sales taxes	20.93
Total Due	1094.93
Paid receipt number R-59777	1094.93
Balance due	Ø

PAID SEP 15 2006 MOUNT HOPE CEMETERY

MORT. 2 Pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Paukhe

Invoice # _____

Work Order # E-19896

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19896

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Liner

		Sarah Moore	#1567 X	Catherine Olaz		

Blind Check Initiated By: Sandra Date: 9-15-06

Interment space for: ADAM MOORE

Interment Date: Tues. Sept. 19 Time: 12:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1567 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Moriz Date: 9-15-06

CREMAINS WERE PLACED ____

E19896
age 81

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ADAM	-	MOORE JR.	03/17/1925	09/03/2006	M

5A. PLACE OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ALETHA MOORE, DAUGHTER 4065 PULITZER PL. #1 SAN DIEGO, CA 92122

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶	

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	09/19/2006	NANCY L BOWEN, MD ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 9-19-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS 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 ▶
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 DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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.)

E19896

CALIFORNIA
SENIOR CITIZEN IDENTIFICATION CARD
C2124633
EXPIRES 03-17-03
ADAM MOORE JR
4985 LOGAN AVE APT
SAN DIEGO CA 92113
SEX: M HAIR: DRY EYES BRN
HT: 6-01 WT: 205 DOB: 03-17-25
12/13/93 613 48/ FD/ 1041

ADAM MOORE JR
4985 LOGAN AV
SAN DIEGO 92113
MARCH 17 1925
436-22-8763
A5480
SENIOR CITIZEN

CALIFORNIA
SENIOR CITIZEN IDENTIFICATION CARD
G2124633

SENIOR

E19896

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need Res. fee

Date 9-13-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ADAM MOORE

in a LINER (Name of Burial Container) Funeral, date, time Tues. Sept. 19, 12:00

Church (Chapel) Graveside CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ GXTRA

will be applied and billed to undersigned

Division 10 Section ____ Blk/Row ____ Lot 1567 Grave 1

Grave space & Care Fund	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.—
Burial Container	270.—
Handling Fees	206.—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.
Sales taxes	20.93
Total Due	1094.93

MORT. 2 Pay

Paid receipt number ____

Balance due ____

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Aletha L Moore
Signature

ALETHA MOORE
First Name

4065 PULITZER PL. #1
Address

LA JOLLA, CA 92122
City Zip Code

(619) 321-8814
Telephone

Invoice # ____

Acct. # ____

Work Order # E-19896

REA-104 (3-04)

This information is available in alternative formats upon request.

AT-Need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-13-06

PIN # 230400

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Reynaldo R Catangay (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time MON Sept 18, 06 2:00 p.m.

Church, Chapel (Graveside) Family will Deliver. CA Cremation Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. CBCatangay X

Division 11 Section 2 Blk/Row ____ Lot 1 Grave 14

Grave space & Care Fund	$426.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container Ash Vault	79.00
Handling Fees	85.00
Flower vases - (Marker setting fee)	$178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	$988.12
Paid receipt number R-59775	$988.12
Balance due	0

PAID
SEP 13 2006
MOUNT HOPE CEMETERY

I hereby certify I am the CBCatangay X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. PIN # 230401

I hereby authorize the interment in lot I hold under deed.

CBCatangay X
Signature

mailed Deed 9-20-06

X CECILLE CATANGAY
Print Name

X 6822 Dorianast Apt 13
Address

X San diego Ca. 92139
City Zip Code

X 254-4742
Telephone

Invoice # ____

Work Order # E-19897

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19897

DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 07-21-08

D6019280

REYNALDO RAVANO CATANGAY
6822 DORIANA ST APT 13
SAN DIEGO CA 92139

SEX:M HAIR:BLK EYES:BLK
HT:5-06 WT:150 DOB:07-21-49

02/26/2003 613 41 FD/88

E19897

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Ash vault

			#14 X			
			#20	#21		
		#25 Kimberly Thompson	#26			

Flagged (yes)

Blind Check Initiated By: Sandra Date: 9-13-06

Interment space for: Reynaldo CATangay

Interment Date: MON Sept 18, 06 Time: 2:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 1 Gr: 14

Grave Laid out by: Norm & Danny

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 9-13-06

CREMAINS WERE PLACED ON LEFT SIDE

E19897

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 7046-02

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
REYNALDO	R	CATANGAY	07/21/1949	08/31/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	NORMA CATANGAY, WIFE 6822 DORIANA ST #13 SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	9/6/06

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	09/06/2006	NANCY L BOWEN, MD ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601 D CRANE ST LAKE ELSINORE CA 92530	12B. DATE CREMATED 9-7-06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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 -	14B. 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 -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED *OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL* OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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.)**

in grave of John & Blanch Soames

12 CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-13-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gerald Summertruit # 230393

in a ASH VAULT (Type of Burial Container) Funeral, date, time Friday September 15, 100

Church, Chapel, Graveside _____ ; Humphreys CV Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division IDOF Section — Blk/Row 43 Lot 113 Grave 7 C

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	65-
Recording/Filing/Transfer Fees	
Sales taxes	6.12
Total Due	384.12
Paid receipt number AP	384.12
Balance due	Ø

PAID
SEP 13 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: Joanne Yadao

Address: 13205 Holly Tree Lane

City: Poway Zip Code: 92064

Telephone: 858-748-7191

Paulette

Invoice # _____

Work Order # E-19898

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Summerfruit Signs E19898

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Full body John Barnes / Ashes Blanche Barnes

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER Ash Vault

	Corrington	John G. Barnes	X	Hartman		

Blind Check Initiated By: Paulette Date: 9-13-06

Interment space for: Gerald Summerfruit

Interment Date: Friday 9/15 Time: 1:00

Div: IOOF Sect: — Blk/Row: 43 Lot: 113 Gr: 7c

IOOF 11, 43, 113, 7

Grave Laid out by: David Noriega

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED TOP CENTER

E19898

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Property Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open da

DATE: August 19, 1991.

TO: WENDY JO TEAGUE, CEMETERY MANAGER

FROM: BLANCHE E. BARNES, BARNES FAMILY TRUST

I, Blanche E. Barnes, Barnes Family Trust, hereby authorize any family member of the Barnes family to be interred in property I own, namely Lot 113, Graves 7 and 8, Section IOOF, Block 43. Any family member that wishes to be cremated has my permission to be interred with John Barnes, who is buried in grave 7 or in grave 8.

This authorization is intended to be used by any family member existing now, or in the future, who may choose to be buried in the family plot on a first come, first serve basis. This plot may never be sold, only used as a family plot for family burials. This would include family members that marry into the Barnes family.

Signed: Blanche E. Barnes DATE: Aug 19, 1991

WITNESSED: [signature] DATE: 8-19, 91

Dewey Mookin DATE: 8-19-91

Printed on recycled paper

E19898

age 61

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GERALD	LEE	SUMMERFRUIT	06/16/1945	08/23/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted] Vegas	Nevada	Joanne Yadao, Daughter 13205 Holly Tree Ln Poway, CA 92604

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Humphrey Mortuary 753 Broadway - Chula Vista, CA 91910	FD964

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Kim Beaulieu	09/13/2006

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		11.00	Kim Beaulieu 09/13/2006	2605004 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Co. of San Diego Dept of Health Ser P.O. Box 85222-San Diego, CA 92186	Co. of San Diego Dept. of Health Services P.O. Box 85222-San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-15-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
[redacted]ATTERING/BURIAL AT SEA OR [redacted]POSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/13/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martin, Rasheed #230396

in a Liner (Type of Burial Container) Funeral, date, time Mon, Sept 18, 2006 10am

Church, Chapel, Graveside _____ ; Anderson-Bagsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned Barbara Martin X

(ch location per Family) 1 pm 52 pm 1 pm

Division 12 Section ~~2~~ 1 Blk/Row _____ Lot ~~108~~ Grave ~~6~~

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93

PAID SEP 14 2006 MOUNT HOPE CEMETERY

Mortuary to pay

Paid receipt number R-59776 $3,358.93

Balance due 0

I hereby certify I am the GRAND Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin #230397

I hereby authorize the interment in lot I hold under deed.

Signature [signature]

Printer L. Smith
Print Name

645 O'Meara St.
Address

San Diego Ca. 92114
City Zip Code

619 263-8804
Telephone

Invoice # _____

Acct. # _____

Order # E-19899

-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19899

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER LINER

			#1 X			#4 Darnell Bosley
			#7		#9 Luis Perez	

Blind Check Initiated By: Sandra (yes) Date: 9-14-06

Interment space for: Rasheed Martin

Interment Date: MON Sept 18, 06 Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 52 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] F. [illegible] Date: 9-15-06

CREMAINS WERE PLACED N/A

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 9 F19899

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Rasheed	Floyd	Martin	10/09/1996	09/09/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Duarte	Los Angeles	Kellet Reams: Mother 9210 Kenwood Drive, Apt. O Spring Valley, CA 91977

7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	FD-1329	Sienika Pryor	09/14/2006

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100285 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	9/14/06	Nancy L Bowen MD R.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	313 N. Figueroa Street, Rm. L-1 Los Angeles, CA 90012

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED 9-18-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kurt E. [illegible]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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.

E19899

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Rasheed	Floyd	Martin	10/09/1966	09/09/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Duarte	Los Angeles	Kellet Reams: Mother 9210 Kenwood Drive, Apt. O Spring Valley, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5080 Federal Blvd., San Diego CA 92102	FD-1329	▶	09/14/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	9/14/06	▶ Nancy L. Bowman MSR.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	313 N. Figueroa Street, Rm. L-1 Los Angeles, CA 90012

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market Street, San Diego CA 92102	11B. DATE BURIED 9-18 06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.