MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 9/13/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARGARET FICKAS # 207863

in a ASH VAULT (Type of Burial Container) Funeral, date, time Friday October 13 1:00

Church, Chapel, (Graveside) _____ ; Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 17 Blk/Row _____ Lot 47 Grave 6

Grave space & Care Fund (1975)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.-
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 AP 155991	510.06
Balance due	0

PAID
SEP 13 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 _____ (Signature)

230471

X STEPHEN FICKAS (Print Name)

X 2324 OLIVE ST (Address)

X EUGENE OR 97405 (City, Zip Code)

X 541 485-1199 (Telephone)

paulette

Work Order # E-19900

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19900

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 Ashvault

		DUCHAN	DAGWELL			
BLASI	ARNOLD	FICKS	X			
	CANNON					

Blind Check Initiated By: Kevin Date: 10-11-06

Interment space for: MARGARET FICKAS ⊗

Interment Date: Friday Oct 13 2006 Time: 1:00pm

Div: 7 Sect: 17 Blk/Row: ____ Lot: 42 Gr: 6

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 TOP

E19900

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANNA	MARGARET	FICKAS	02/13/1912	08/25/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EUGENE	OREGON	STEPHEN FICKAS – SON 2324 OLIVE ST EUGENE, OR 97405

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
STEPHEN FICKAS 2324 OLIVE ST, EUGENE, OR 97405	-

ACKNOWLEDGEMENT OF APPLICANT	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103056 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	▶ [signature]	10/11/2006

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/11/2006	▶ Nancy L Bowan MD

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 10/13-06	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 IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE 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
Non-Res.

Date 09/13/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara Vandertuin & #230410

in a ASH VAULT (Type of Burial Container) Funeral, date, time Tues Sept. 26

Church, Chapel, Graveside Delivery : _____ Mortuary.

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

Division 3 Section 8 Blk/Row _____ Lot 16 Grave 6C

Grave space & Care Fund E-19328	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup PAID	199.-
Burial Container	104.-
Handling Fees SEP 25 2006	114.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY	85.-
Sales taxes	8.06
Total Due	510.06
Paid receipt number R-59786	510.06
Balance due	0

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

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

x _____ (Signature)

x JOAN VANDERTUIN (Print Name)

x 6355 Blanchard Cyn. Rd (Address)

x Tujunga, CA 91042 (City, Zip Code)

x (818) 353-3969 (Telephone)

Invoice # _____

Work Order # E-19901

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19901

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Constance Cheney & John Vander Tuin Ø (o)
Write in the name of the deceased for which the grave is for in the block marked with "X". 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

		NAMED				
		NAMED		Coolidge		
	Gary	BURNS	x	coolidge		
				Crane		

Blind Check Initiated By: Pauletta Date: 9-25

Interment space for: Barbara Vander Tuin Ø

Interment Date: Delivery Only Time: September 26th

Div: 3 Sect: 8 Blk/Row: ____ Lot: 16 Grv ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 9-26-06

CREMAINS WERE PLACED Bo Ho n of Grave

E19901 45237

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 87

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BARBARA	JEAN	VANDERTUIN	07/14/1919	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
TUJUNGA	LOS ANGELES	JOAN VANDERTUIN, DAUGHTER 6361 BLANCHARD CANYON RD. TUJUNGA,CA. 91042

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
NEPTUNE SOCIETY, SHERMAN OAKS 4312 WOODMAN AVE. SHERMAN OAKS, CA. 91423	FD-1359		07/20/2006

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	07/28/2006 K.FERREIRA	▶ 195/5999

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
90012 313 N.FIGUEROA ST.LOS ANGELES,CA.	3851 ROSECRANS ST.SAN DIEGO,CA. 85222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT.HOPE CEMETERY 3751 MARKET STREET SAN DIEGO,CA. 92102	11B. DATE BURIED 9-26-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY HERITAGE CREMATORY 3223 E.PICO BLVD.LOS ANGELES,CA.90023	12B. DATE CREMATED 08-03-06	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 IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

AT-Need
(NON-Res)
NATIONAL CITY
1st Burial ONLY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-18-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fre NAYA Hindeya #230406

in a DD CrypT A Funeral, date, time SAT SepT 23,06 11:00
Type of Burial/Container

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. X

Division MAS Section T Blk/Row _____ Lot 26 Grave 2

Grave space & Care Fund		$ 3,011.00
Overtime/Late Arrival Fees	SAT Fee	$ 1,133.00
Opening/Closing & Setup	(1)	$ 708.00
Burial Container	DD CrypT A	$ 717.00
Handling Fees	PAID	$ 604.00
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees	SEP 18 2006 (1)	$ 85.00
Sales taxes		$ 55.57
	Total Due	$ 6,313.57
	Paid receipt number pd by Visa Ap00935A	$ 6,313.57
	Balance due	0

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. # 230407

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-19902

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19902

AT-Need
(NON-RES)
NATIONAL city
1st Burial ONLY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-18-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fre NAYA Hindeya

in a DD CrypT A (Type of Burial Container) Funeral, date, time SAT SepT 23,06 11:00

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 Abeba W. Hindeya X

Division MAS Section T Blk/Row _____ Lot 26 Grave 2

Grave space & Care Fund	$ 3,011.00
Overtime/Late Arrival Fees SAT Fee	$ 1,133.00
Opening/Closing & Setup (1)	$ 708.00
Burial Container DD CrypT A	$ 717.00
Handling Fees	$ 604.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees (1)	$ 85.00
Sales taxes	$ 55.57
Total Due	$ 6,313.57
Paid receipt number pd by Visa Ap 06935A	$ 6,313.57
Balance due	0

PAID
SEP 18 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.

230407

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

Abeba W. Hindeya X
Signature

X Abeba Hindeya
Print Name
X912 E 2nd Street
Address
X National City, CA 91950
City Zip Code
X(619)474-2309
Telephone

Invoice # _____

Work Order # E-19902

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19902

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

DATE: 09/19/06 TIME: 11:10:32
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 173
CD TYPE: VISA
TR TYPE: PR

TOTAL: $6313.57

ACCT: **********1104 EXP: ****
AP: 00935A
NAME: TADESSE LEMA
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 Tadesse Lema
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

AT-Need Services
FOR Fre NAYA
Hindeya

Div MAS Sec T
LOT 26 GR-2
E-19902

E19902

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

		D.A. #1 Smith	LOT 26 X#2			#5 Sarkisyants

Flagged (yes)

Blind Check Initiated By: Sandra Date: 9-18-06

Interment space for: Fre NAya Hindeya

Interment Date: SaT SepT 23,06 Time: 11:00

Div: MAS Sect: T Blk/Row: ____ Lot: 26 Gr: 2

Grave Laid out by: Norman

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 9-20-06

CREMAINS WERE PLACED ____

E19902

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1980

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ERE	NAYA	HINDEYA	03/24/[illegible]	09/15/2006	M

5A. [illegible] OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
BERKELEY	ALAMEDA	ABEBA HINDEYA - MOTHER 912 E. 2ND STREET 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
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD, SAN DIEGO, CA 92102	FD 1329	▶ [signature]	09/19/2006

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/19/2006	▶ [signature] SH

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
1947 CENTER STREET, FIRST FLOOR BERKELEY, CA 94704	P.O. BOX 85222 SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-23-06	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 IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR [illegible]SITION OTHER [illegible]N A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need Res. Verified

Arrival time 3:10

Date 9-18-06

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

of Mary Lee Turner #230404

in a T.S. Vault (Type of Burial Container) Funeral, date, time Friday September 22 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 $ 213.-

will be applied and billed to undersigned. Synoria Turner

Division 12 Section 2 Blk/Row _____ Lot 223 Grave 9

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	3,507.51

PAID SEP 20 2006 MOUNT HOPE CEMETERY

Paid receipt number R-59782 $3,507.51

Balance due 0

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

#230405

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

X Synoria Turner (Print Name)

X 1042 S. 31st Street (Address)

X San Diego, CA 92113 (City, Zip Code)

X 619-702-6722 (Telephone)

X Synoria Turner (Signature)

Billed late arrival 9-22-06

Paulette sent to collections late arrival fee on 10-3-06

Invoice # 451034

Work Order # E-19903

Acct. # 132832

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19903

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 T.S. Vault

		Smith		Nee		
			X	Mapes		
		Bailey	Thrower		Bell	

Blind Check Initiated By: Paulette Date: 9/19/06

Interment space for: Mary Lee Turner (Brown)

Interment Date: Friday Sept 22 Time: 1:00 pm

Div: 12 Sect: 2 Blk/Row: ____ Lot: 223 Gr: 9

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 _____

E19903
59782

OFFICIAL RECEIPT

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

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

Date: 9-20-06, 20 06

From: Turner Address: 1042 South 31st S.D. 92113

Three thousand five hundred & seven 51/100 Dollars ($ 3,507.51)

in Full Payment of AT-Need Services For Mary Lee Turner

Div 12 Sec 2 Blk/Row _____ Lot 223 Grave 9

Invoice No. E-19903

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check # 117

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

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

SEP 19 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	$	3,507	51

MARY L TURNER
SYNORIA M TURNER
1042 SOUTH 31ST ST
SAN DIEGO, CA 92113

117

9-20-06
Date

90-7172/3222 816

Pay to the Order of Mt. Hope Cemetery $ 3,507.51

three thousand five hundred seven and 51/100 Dollars

citibank
CITIBANK (WEST), FSB BR. #816
PO BOX 78114
SAINT LOUIS, MO 63178

EQUITY SOURCE ACCOUNT

For burial plot Synoria Turner

⑈322271724⑈ 92208299816⑈ 0117

© HARLAND 2002

THE CITY OF SAN DIEGO

WATER & WASTEWATER SERVICES

SAN DIEGO, CA 92187-0001 (619) 515-3500

E19903

a reminder...

U21-20590-21-7
ACCOUNT NUMBER

3096 NEWTON AV
SERVICE ADDRESS

DEC 15 2005
PAYMENT DUE DATE

UW-1457 (8-05)-10

MARY LEE TURNER BROWN
1042 S 31ST ST
SAN DIEGO CA 92113-2530

RETURN THIS PORTION

MAKE CHECK PAYABLE TO CITY TREASURER

2120590217 0000065631

$65.63
TOTAL DUE NOW

THE CITY OF SAN DIEGO

WATER & WASTEWATER SERVICES

SAN DIEGO, CA 92187-0001 (619) 515-3500

a reminder...

JUST A FRIENDLY REMINDER...TO LET YOU KNOW WE HAVE NOT RECEIVED YOUR PAYMENT. IF PAYMENT HAS BEEN MADE, PLEASE ACCEPT OUR THANKS. IF NOT, YOUR REMITTANCE TODAY WILL BE APPRECIATED.

THE CITY OF SAN DIEGO
WATER DEPARTMENT
600 B ST., SUITE 1100
SAN DIEGO, CA 92101-4589

(IN-PERSON PAYMENTS NOT ACCEPTED AT THIS ADDRESS)
FOR RECORDED LISTING OF AUTHORIZED PAYMENT AGENCIES, PLEASE CALL 515-3500.

ACCOUNT NO. / SERVICE ADDRESS	PAYMENT WAS DUE	TOTAL NOW DUE
U21-20590-21-7 MARY LEE TURNER BROWN 3096 NEWTON AV	DEC 15 2005	$65.63

THE CITY OF SAN DIEGO • WATER DEPARTMENT • (619) 515-3500 • **KEEP** THIS PORTION

E 19903

THE CITY OF SAN DIEGO
WATER & WASTEWATER SERVICES
iPAY INTERNET BILL-PAY SERVICE

USER AGREEMENT | PRIVACY POLICY | FAQs | WATER BILL INFORMATION

Summary | Direct Delivery | History | Messages | My Account | Contact | Log Off

PAYMENT CONFIRMATION

Mary L. Brown — **Today's date is Fri, Sept 15, 2006**

THANK YOU FOR YOUR PAYMENT.

You will receive a confirmation e-mail within 24 hours of your payment.
Print this page for your records.

City of San Diego Water Department
Account: U2120590217
home

Statement Date: Aug 30, 2006
Statement Due Date: Sept 14, 2006
Balance: $71.67

Status: Pending
Date Paid: Sept 15, 2006
Amount Paid: $65.63
Bank Account:
CHECKING

Tracking Number: 244067320060915
Please note the Tracking Number for your records.

Back to Summary

5 17 30 34 40
42

Rosetta

E19903

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

pg 79

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARY	LEE	TURNER	07/26/1927	09/16/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SYNORIA TURNER-ELLIOTT, DAUGHTER 1042 S. 31ST 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		09/18/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	09/20/2006	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 9-22-06	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.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — V39e (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

Res. fee
In the grave W/ Chester Duson

Date 9-19-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnnie Duson # 228218

in a DD CRYPT "B" (Type of Burial Container) Funeral, date, time Mon. Sept. 25, 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.-~~ 0

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row — Lot 95 Grave 12 B

Grave space & Care Fund E-7640 (1988)	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 ~	—
Balance due	0

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

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

× Janet Booth (Signature)

Paulette

× Janet Booth (Print Name)

× 7267 Farmdale St (Address)

× S.D. 92114 (City, Zip Code)

× (619) 470-8605 (Telephone)

Work Order # E-19904

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19904

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Trust

Date 9/28/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for mother of Janet Booth

in a _____ Funeral, date, time Johnnie Dugan 02 02 17
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 95 Grave 12

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	—
Total Due	463.00
Paid receipt number	115.00
Balance due	348.00

PAID
JAN 24 2005
MOUNT HOPE CEMETERY

Paid in Full by visa 1-24-05 @ 319 now Obal

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 files for signatures

Paulette

Work Order # E 18730

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19904

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Chester Duson

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

	GIBSON	GIBON		RICHARDSON		
	ALMEDIA		X			
		JONES		EVANS		

Blind Check Initiated By: KEVIN Date: 9-21-06

Interment space for: (MS) Johnnie Duson

Interment Date: Mon 9/25 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 95 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No FLAG ON CORNER

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 9-25-06

CREMAINS WERE PLACED ____

E19904

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 94

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHNNIE	-	DUSON	04/14/1912	09/17/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LOIS MARRISSETTE, DAUGHTER 9119 PIEL PLACE SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329		09/19/2006

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	09/20/2006	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 9-25-06	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.12/04)

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 "

Low Income" ✓ Date 9-19-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mark Anthony Hall II #230411

In a Top Seal Type of Burial Container Funeral, date, time Mon. Sept. 25 11:00 2:00 pm

(Church) Chapel, Graveside St. Stephens : CA BURIAL Mortuary

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

will be applied and billed to undersigned _____

Division 11 Section 2 Blk/Row _____ Lot 5 Grave 5

PAID

Grave space & Care Fund	1132.-
Overtime/Late Arrival Fees	-
Opening/Closing & Setup SEP 22 2006	216.50
Burial Container	335.00
Handling Fees MOUNT HOPE CEMETERY	131.50
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	27.51
Total Due	1945.01
Paid receipt number R-59784	1945.00
Balance due	.01

MORT. I. Pay

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

230412

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

X _____ Signature

X Zsavee Hall Print Name

X 5016 Solola Ave Address

X San Diego CA 92114 City Zip Code

X (619) 284-9317 Telephone

Invoice # _____

Work Order # E-19905 Acct. # _____

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

Printed on recycled paper

E19905

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: Mark Anthony HALL II

Address: 5216 Soldaa Ave

City: SANDiego 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.

Signed/ Relationship _____ Date 9-19-06

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 9/19/06

Current HHS documents verified on: Verified by phone for annual income.

Approved By DL

Date 9/19/06

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY OF SAN DIEGO
DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. BOX 122031
SAN DIEGO CA 92112-2031

RETURN SERVICE REQUESTED

MONTHLY STATEMENT OF COLLECTIONS

DCSS 0281 (08/16/04)

Our records reflect that you [X] were [ ] were not on CalWORKSs for the month of *JUNE 2006*
If this information is incorrect, please call *(619)236-7600*

COUNTY OF: **COUNTY OF SAN DIEGO**
LCSA CASE NO: **08.0175.5275**
COLLECTION MONTH: **JUNE 2006**
DATE OF NOTICE: **JUNE 30, 2006**

ZSANEE HALL
5216 SOLOLA AVE
SAN DIEGO CA 92114-6244

1. PAYMENTS COLLECTED BY THE DEPARTMENT OF CHILD SUPPORT SERVICES [illegible]

E19905

E19905

Guidelines
Mt. Hope Low-Income Fee Waiver

1. Applicant must be a City of San Diego resident, not *County of San Diego*
2. The Low-income fee waiver is for those San Diego residents who can prove need by submitting proper acceptable documentation such as:
   a. Social Security-Award/Benefit Letter
   b. Internal Revenue (IRS) Tax Return
   c. Health & Human Services Notice of Action (dated within 30 days)
3. The Department of Labor has published the 2006 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

Size of Family	Annual Income
1	$13,980
2	$ 22,900
3	$ 31,440
4	$ 38,810
5	$ 45,800
6	$ 53,560
More than 6	Each additional family member add $7,760

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

E19905

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 T.S. Vault

			X		Harris	
			Dunbar		Reed	
	McCullough	Glover	Patrick			

Blind Check Initiated By: Paulette Date: 9/21/06

Interment space for: MARK HALL

Interment Date: Mon 9/25 Time: 11:00 AM (C)

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

Grave Laid out by: DAVID & PAULETTE

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: KEN Date: 9/22/06

CREMAINS WERE PLACED ____

E19905

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

UNIVERSITY of CALIFORNIA, SAN DIEGO
MEDICAL CENTER
PO Box 34338 San Diego CA 92163-4338

RETURN SERVICE REQUESTED

(800) 873-9057 * Between 6:00 am - 5:00 pm Monday - Friday
Use PHONEPAY-Save time & postage. Please call for information.
PATIENT NAME: Hall, Mark

☐ Complete reverse side for address or insurance changes.

0101

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS

CARD NUMBER	SIGNATURE CODE
SIGNATURE	EXP. DATE

DUE DATE	STATEMENT DATE	ACCOUNT NO.
Final Notice 09/15/2006	08/31/2006	1339561-1

AMOUNT DUE $444.00

SHOW AMOUNT PAID HERE $

6518160

ADDRESSEE:

HALL, MARK
5216 SOLOLA AVENUE
SAN DIEGO, CA 92114-6244

MAKE CHECKS PAYABLE TO:

UCSD MEDICAL CENTER
FILE 55663
LOS ANGELES CA 90074-0001

086287547 444.00 /
11226-J748*1VX1BMRE3000185

E19905

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
MARK	ANTHONY	HALL II	01/30/1986	09/16/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]ERSIDE	RIVERSIDE	ZSANEE' HALL, MOTHER 5216 SOLOLA AVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	9/21/06

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	09/21/2006	▶ 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
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 9-25-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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

Date 9-19-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ralph Hopkins #208733

in a T.S. Vault (Type of Burial Container) Funeral, date, time Thurs. Sept. 21 11:00

Church, Chapel, Graveside _____ ; Featheringill Jerry Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 811 Grave 1

Grave space & Care Fund E-3086 (1982)	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee N/A	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due N/A	Ø
Paid receipt number _____	—
Balance due	Ø

Pauline

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

Invoice # _____

Work Order # E-19906

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19906

City of San Diego

At Need

Date 9-19-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ralph Hopkins in a T.S. Vault (Type of Burial Container) Funeral, date, time Thurs Sept. 21 11:00 Church, Chapel, Graveside Featheringill Jerry Mortuary.

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

Division 8 Section 1 Blk/Row _____ Lot 811 Grave 1

Grave space & Care Fund E-3086	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee N/A	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due N/A	0
Paid receipt number	—
Balance due	0

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

I hereby authorize the interment in lot I hold under deed

X [signature]
Signature

X Louis Hopkins
Print Name

X PO Box 677
Address

X Pine Valley 91962
City Zip Code

X 473-5154
Telephone

Invoice # _____

Acct # _____

Work Order # E-19906

This information is available in alternative formats upon request.

E19906

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/30 19 82

CHARGE Ralph M. and/or Ruth V. Hopkins #582-6643

ADDRESS 3222 Winlow St. (SD 92105

NAME OF DECEASED Pre-Need Services

OWNER

ADDRESS

MORTUARY

(D.I.P.)

LOT 811 GR ROW SEC 1 DIV 8	600	00
OPENING/CLOSING TIME DAY DATE (2)	460	00
VAULT/~~LINER~~ W.T.S SIZE (2)	33 550	00 00
REC. FEE/~~REMOVAL/FOUNDATION~~ (2)	70	00
TOTAL	1713	00
PAID RECEIPT NUMBER 30259	200	00
BALANCE	1513	00

30275 $1513.00

The prices set forth for the above Pre-Need Services (~~opening & closing of grave, liner or vault, and re~~cording fee) are not guaranteed prices. At the time of burial, ~~when the above pre-need services are utilized,~~ an additional payment, if applicable, will be required to reflect the current cost or providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

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

AUTHORIZED IN PERSON / PHONE BY Ralph M. Hopkins ORDER TAKEN BY L. Smith

W.O. NO. E 3086 INVOICE NO. PAID

PY-593 (4-82)

E19906

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM Pd in 1986 D.I.P.

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 Vault

			STRAUB			
			Straus			
	Vanderslice	Vanderslice	X	Hunt		
			LAWSON Hogett			

Blind Check Initiated By: Paulette Date: 9-19

Interment space for: Ralph Hopkins

Interment Date: Thurs. Sept. 21 Time: 11:00 AM

Div: 8 Sect: 1 Blk/Row: ____ Lot: 811 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: 9-20-06

CREMAINS WERE PLACED ____

E19906
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
RALPH	M.	HOPKINS	06/13/1920	09/16/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]NE VALLEY	SAN DIEGO	LOUIS HOPKINS, SON P.O. BOX 677 PINE VALLEY, CA 91962

7A. TYPED NAME AND ADDRESS OF 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	09/19/2006

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	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, CA 92102	11B. DATE BURIED 9-21-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Jenny	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 | V89e (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.)

OK MFD 9/20/06

AT-Need
Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-19-06

Low-Income ✓

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elena Thomas #230408 2006

in a LINER (Type of Burial Container) Funeral, date, time MON Sept 25, 10:00

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 2 Blk/Row _____ Lot 15 Grave 3

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 R-59785	$1,679.46
Balance due	0

SEP 22 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.

#230409

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-19907

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19907

MT. HOPE CEMETERY

AT-Need Res

INTERMENT ORDER

City of San Diego

Date 9-19-06

Low-Income

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

in a LINER (Type of Burial Container) Funeral, date, time MON SEPT 25, 10'00

(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 $ 113.00

will be applied and billed to undersigned X

Division 11 Section 2 Blk/Row ____ Lot 15 Grave 3

Grave space & Care Fund	$1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$266.50
Burial Container LINER	$135.00
Handling Fees PAID	$103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees SEP 22 2006	$32.50
Sales taxes	$10.46
Mort To pay MOUNT HOPE CEMET Total Due	$1,679.46

Paid receipt number ____

Balance due ____

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

#230409

I hereby authorize the interment in lot I hold under deed

X [signature] X

Signature

X [signature]

Print Name

X Marcie Thomas

Address

X 254 Euclid AVE. #B SD CA. 92114

City Zip Code

X 619-212-5813

Telephone

Invoice # ____

Work Order # E-19907

Acct # ____

REA-104 (5-04) *This information is available in alternative formats upon request*

OFFICIAL RECEIPT

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

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

59785

Date: 9-22-06, 20 06

From: PreFerred Address: 6163 University Ave S.D. CA-92115

one thousand six hundred & seventy-nine 46/100 Dollars ($ 1,679.46)

in Full Payment of At-need services For Elena Thomas

Div 11 Sec 2 Blk/Row Lot 15 Grave 3

Invoice No. E-19907

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check #4192

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

PAID
SEP 22 2006
MOUNT HOPE

ISSUED BY Sandra

CREDIT	67007	226	40
20% Sales Care	77184		
80% Sales	100	905	60
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	46 taxes
	78390		
TOTAL PAID	$	1,679	46

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

PREFERRED CREMATION AND BURIAL
WWW.PREFERREDCREMATION.COM
PH. 619-564-7000 FAX 619-564-7030
6163 UNIVERSITY AVENUE
SAN DIEGO, CA 92115

4192

DATE 09/22/06

PAY TO THE ORDER OF Mt. Hope Cemetery $ 1,679.46

One Thousand Six Hundred Seventy Nine 46/100 DOLLARS

UNION BANK OF CALIFORNIA
North Park #604
2927 University Avenue, San Diego, CA 92104
800 238 4486

Commitment To Quality & Service

FOR

⑆122000496⑆ 6040023877⑈ 4192

E19907

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 [illegible] and proof of residency as proof of qualification.

Name of Deceased: ELENA THOMAS

Address: 254 Euclid AVE # B

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)	$13,440	☐	(4)	$37,210
☐	(2)	$22,020	☐	(5)	$44,030
☐	(3)	$30,230	☐	(6)	$5[illegible]90

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 [illegible] service + RSI tax return, Health & Human Services-Notice of Action related within 30 days [illegible] Benefit letter.

Residency is the residence of the deceased prior to entering [illegible] 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] 9/19/06

Signed/ Relationship Date

Proof of Residency: Valid California Driver's License identification [illegible] of San Diego address and one of the following: Current Utility Bill [illegible] Rental/Lease Agreement and current monthly [illegible] statement. Other _____

Maria A. Dovensky 9/19/06

Approved by Date

Current IRS Tax Return verified on
Approved By _____
Date _____

Mt. Hope Cemetery
Community Parks • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3401 • Fax (619) 527-3402

*** REC 2006262 161840 H8AA15E0 DEYK CIPQYA1 PQA1 (F-FW7) ***

1099 DTE:09/19/06 SSN:545-90-4136 DOC:435 UNIT:4CR PG: 001

+++++FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT - 2006+++++
+PART OF YOUR SOCIAL SECURITY BENEFITS MAY BE TAXABLE INCOME FOR 2006.
+USE $ 7416.00 FROM BOX 5 BELOW WITH IRS NOTICE 703 TO SEE IF ANY PART OF YOUR BENEFITS MAY BE TAXABLE ON YOUR FEDERAL INCOME TAX RETURN.
+ALSO SEE ATTACHED GENERAL INFORMATION.

BOX 1. NAME-ELENA THOMAS
BOX 2. BENEFICIARY SOCIAL SECURITY NUMBER-545-90-4136 (SEE BOX 8 BELOW)
BOX 3. BENEFITS FOR 2006- $ 7416.00 (SEE DESCRIPTION OF AMOUNT IN BOX 3 BELOW)
BOX 4. BENEFITS REPAID TO SSA IN 2006-NONE
(SEE DESCRIPTION OF AMOUNT IN BOX 4 BELOW)
BOX 5. NET BENEFITS (BOX 3 MINUS BOX 4) FOR 2006-$ 7416.00
BOX 6. VOLUNTARY FEDERAL INCOME TAX WITHHELD-NONE
BOX 7. ADDRESS-ELENA THOMAS 254 EUCLID AVE APT B
SAN DIEGO CA 92114-3647
BOX 8. CLAIM NUMBER-545-90-4136A (USE THIS NUMBER IF YOU NEED TO CONTACT SSA)

+++DESCRIPTION OF AMOUNT IN BOX 3+++
ADD:

PAID BY CHECK OR DIRECT DEPOSIT	$	7416.00
MEDICARE PART B	$	0.00
MEDICARE PART C	$	0.00
MEDICARE PART D	$	0.00
WORKERS COMPENSATION OFFSET	$	0.00
DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS	$	0.00
PAID TO ANOTHER FAMILY MEMBER	$	0.00
ATTORNEY FEES	$	0.00
VOLUNTARY FEDERAL INCOME TAX WITHHELD	$	0.00
BENEFIT PAYMENT OFFSET - TREASURY	$	0.00
TOTAL ADDITIONS	$	7416.00

SUBTRACT:

NONTAXABLE PAYMENTS	$	0.00
AMOUNTS FOR OTHER FAMILY MEMBERS PAID TO YOU	$	0.00
TOTAL SUBTRACTIONS	$	0.00
BENEFITS FOR 2006 (AMOUNT SHOWN IN BOX 3)	$	7416.00

+++DESCRIPTION OF AMOUNT IN BOX 4+++
ADD:

CHECKS RETURNED TO SSA	$	0.00
DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS	$	0.00
OTHER REPAYMENTS	$	0.00
BENEFITS REPAID TO SSA IN 2006 (AMOUNT SHOWN IN BOX 4)	$	0.00

SOCIAL SECURITY ADMIN. (435)
2530 E. PLAZA BL.
NATIONAL CITY, CA 91950

*** REC 2006262 161850 H8AA15E0 DEYK CIPQYA1 PQA1 (F-FW7) ***

1099 DTE:09/19/06 SSN:545-90-4136 DOC:435 UNIT:4CR PG: 001

+++++FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT - 2005+++++
+PART OF YOUR SOCIAL SECURITY BENEFITS MAY BE TAXABLE INCOME FOR 2005.
+USE $ 9492.00 FROM BOX 5 BELOW WITH IRS NOTICE 703 TO SEE IF ANY PART OF YOUR BENEFITS MAY BE TAXABLE ON YOUR FEDERAL INCOME TAX RETURN.
+ALSO SEE ATTACHED GENERAL INFORMATION.

BOX 1. NAME-ELENA THOMAS
BOX 2. BENEFICIARY SOCIAL SECURITY NUMBER-545-90-4136 (SEE BOX 8 BELOW)
BOX 3. BENEFITS FOR 2005- $ 9492.00 (SEE DESCRIPTION OF AMOUNT IN BOX 3 BELOW)
BOX 4. BENEFITS REPAID TO SSA IN 2005-NONE
(SEE DESCRIPTION OF AMOUNT IN BOX 4 BELOW)
BOX 5. NET BENEFITS (BOX 3 MINUS BOX 4) FOR 2005-$ 9492.00
BOX 6. VOLUNTARY FEDERAL INCOME TAX WITHHELD-NONE
BOX 7. ADDRESS-ELENA THOMAS 254 EUCLID AVE APT B
SAN DIEGO CA 92114-3647
BOX 8. CLAIM NUMBER-545-90-4136A (USE THIS NUMBER IF YOU NEED TO CONTACT SSA)

+++DESCRIPTION OF AMOUNT IN BOX 3+++
ADD:

PAID BY CHECK OR DIRECT DEPOSIT	$ 9492.00
MEDICARE PART B	$ 0.00
MEDICARE PART C	$ 0.00
MEDICARE PART D	$ 0.00
WORKERS COMPENSATION OFFSET	$ 0.00
DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS	$ 0.00
PAID TO ANOTHER FAMILY MEMBER	$ 0.00
ATTORNEY FEES	$ 0.00
VOLUNTARY FEDERAL INCOME TAX WITHHELD	$ 0.00
BENEFIT PAYMENT OFFSET - TREASURY	$ 0.00
TOTAL ADDITIONS	$ 9492.00

SUBTRACT:

NONTAXABLE PAYMENTS	$ 0.00
AMOUNTS FOR OTHER FAMILY MEMBERS PAID TO YOU	$ 0.00
TOTAL SUBTRACTIONS	$ 0.00
BENEFITS FOR 2005 (AMOUNT SHOWN IN BOX 3)	$ 9492.00

+++DESCRIPTION OF AMOUNT IN BOX 4+++
ADD:

CHECKS RETURNED TO SSA	$ 0.00
DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS	$ 0.00
OTHER REPAYMENTS	$ 0.00
BENEFITS REPAID TO SSA IN 2005 (AMOUNT SHOWN IN BOX 4)	$ 0.00

SOCIAL SECURITY ADMIN. (435)
2530 E. PLAZA BL.
NATIONAL CITY, CA 91950

E19907

Date of Birth Information

The date of birth shown on our records is June 12, 1928.

Medicare Information

You are entitled to hospital insurance under Medicare beginning June 1993.

You are entitled to medical insurance under Medicare beginning June 1993.

You are enrolled in a Prescription Drug (Medicare Part D) plan beginning January 1, 2006.

Your Prescription Drug (Medicare Part D) Provider is UNICARE LIFE AND HEALTH INSURANCE COMPANY.

Your Prescription Drug (Medicare Part D) Plan is MedicareRx Rewards.

Your Prescription Drug (Medicare Part D) Plan Account Number is S5960032000.

Your Prescription Drug (Medicare Part D) premium is fully subsidized effective January 1, 2006.

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 619-267-1175. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
GROUND FLOOR
2530 E PLAZA BOULEVARD
NATIONAL CITY, CA 91950

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

for E J Ramirez
OFFICE MANAGER

SOCIAL SECURITY ADMIN. (435)
2530 E. PLAZA BL.
NATIONAL CITY, CA 91950

E19907

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 LINER

			#3 X			
	#7 Charles Gletis	#8	#9		#11 Antawan DAVIS	

Flagged 3rd

Blind Check Initiated By: Sandra Date: 9-21-06

Interment space for: Elena Thomas

Interment Date: MON Sept 25, 06 Time: 10:00

Div: 11 Sect: 2 Blk/Row: ___ Lot: 15 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 9/22/06

CREMAINS WERE PLACED ___

E19907

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 9-21-06	From: Sandra
To Preferred - Mark	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:	9-21-06 8:35 Am
Burial fee amount due:	$1,679.46
Burial service fee for:	Elena Thomas
Date and time of burial service:	Mon Sept 25, 10:00
Due date of burial fee to Mt Hope Cemetery:	24 hrs By Service
Prepared by:	Sandra
Signature:	
Mortuary Approval (print name): mort To pay	PREFERRED X
Signature: [signature]	X
Date faxed back to Mt. Hope Cemetery:	9/20/06 X
Comments: mort To pay	X
Please have Family Sign	Interment order & X
return To mT Hope	

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

E19907

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
ELENA	-	THOMAS	06/21/1928	09/18/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	MARCY THOMAS, DAUGHTER 254 EUCLID AVENUE #B 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	▶ Mark	09/25/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/25/2006	▶ 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)

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 9-25-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jang
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. 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

City of San Diego

At Need (Refee)

Date 9-20-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vu Chuong # 230036 11:00

in a T.S. VAULT (Type of Burial Container) Funeral, date, time Tues. Sept. 26

Church, Chapel, Graveside) : El Camino Mortuary

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

will be applied and billed to undersigned. _____

Division 10 Section ~ Blk/Row ~ Lot 1774 Grave ~

* Grave space & Care Fund E-16520	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	355.-
Handling Fees	263.-
Flower vases – Marker setting fee	178.-
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	1,421.51
Paid receipt number 1904 AP#690303	1,421.51
Balance due	Ø

PAID

SEP 20 2006

MOUNT HOPE CEMETERY

COL N96 1766 6-25-08

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

I hereby authorize the interment in lot I hold Under Deed

Signature

X PHU VU

Print Name

X2979 SU SIEMPRE PLACE

Address

X ESCONDIDO 92025

City Zip Code

X (760) 739-0718

Telephone

Invoice # _____

Work Order # E-19908

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19908

DMV CALIFORNIA
DRIVER LICENSE
N8138332
EXPIRES 09-22-07
CLASS C
CHUONG UNG VU
11341 PAUL BARWICK CT
SAN DIEGO CA 92126
SEX:M HAIR:BLK
HT:5-03 WT:110
DOB:09-22-55
08/01/2002 S19 46 FD/87

E19908

SHARP
HEALTHCARE

CONFIDENTIAL

DATE: 9/20/06

TOTAL NUMBER OF PAGES:
(Including Cover Page)

TO: Mt Hope Cemetary

COMPANY:

FAX NUMBER: (619) 527 3403

COMMENTS:

Mr. Va

FROM: Jeanne

FACILITY/DEPARTMENT: SMH

TELEPHONE NO.: (858) 939-3800

Please notify Sharp HealthCare immediately if your fax number changes.

NOTICE: **The information contained in this facsimile message may be privileged and confidential and is only for whom it was intended. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver the message to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication has been received in error, please notify Sharp HealthCare at the telephone number listed above immediately and destroy all information received.**

IF INFORMATION BEING FAXED INCLUDES PATIENT MEDICAL RECORD DATA: **This report is strictly confidential and is for the information of the individual or entity named above. Sharp cannot accept responsibility for further disclosures made by you or the intended recipients. For certain patient records, confidentiality is protected by state and federal laws. These laws prohibit you from making any further disclosure without the specific written consent of the person to whom the information pertains or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose.**

E19908

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

			O'BRIEN	JACOBSEN		
	PORFINIS	BALCOMB	X			
	ESTRADA			SLINKARD		

Blind Check Initiated By: KEVIN Date: 9-21-06

Interment space for: Vu Chuong

Interment Date: Tues Sept 26 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1774 Gr: ____

Grave Laid out by: DAVID & DARRYL

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No FLAG ON GRAVE

Blind Check & Verified By: KEN Date: 9/22/0

CREMAINS WERE PLACED ____

E19908

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHUONG	UNG	VU	09/22/1935	09/20/2006	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 DIEGO	SAN DIEGO	THUONG LE, WIFE 11341 PAUL BARWICK CT. 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-S.V., 5600 CARROLL CANYON RD. SAN DIEGO, CA 92121	FD-1260	▶ Carla Arvin	09/26/2006

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	09/26/2006	▶ 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
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92121	11B. DATE BURIED 9-26-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jeanne	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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

Pre-need

Date 9-21-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of transfer location of Leonard Jr, Marion Y. Elston

in a (2) ASH Vaults (Type of Burial Container) Funeral, date, time 225533

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 44 Grave 4

Grave space & Care Fund	1210.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup See E-13950	N/A
Burial Container (2) ASH Vaults 79+79	158.-
Handling Fees (2) H/F @ 185	170.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees See E-13950	N/A
Sales taxes (2) Taxes 6.12+6.12	12.24
Total Due	466.24
Paid receipt number MC APPROSS	166.24
Balance due	300.00

PAID

OCT 2 0 2006

I hereby certify I am the dcht + 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 Leonard Elston
Signature

2077 69
X LEONARD ELSTON JR
Print Name
X 3875-55th ST. #14
Address
X SAN DIEGO, 92105
City Zip Code
X 619-501-7401
Telephone

Paulette
Work Order # E-19909

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

SEE 13950

E19909

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

DATE: 10/20/86 TIME: 11:01:33
MERH: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 192
CD TYPE: MC
TR TYPE: PR

TOTAL: $200.00

ACCT: **********3464 EXP: ****
AP: 039536
NAME: LEONARD ELSTON
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 Leonard Elston

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

PAY pre-need Lot & Trust FOR Leonard Elston
Div 7 Sec 14 Lot 44
GR 4
E-19909
Bal to trust $200.00

E019909

APT 16

$12.50 monthly starts 10/21/06

Elston, Leonard Jr. & Marion V. Elston 2875-55th St., SD CA 92105 619-501-7401

DIVISION 7 SECTION 14 LOT 44 GRAVE 4

		Debit	Credit	BALANCE
9/21	Opened pre-need partial payment of lot, and trust. changed location and paid $126.00 for lot, two B/C $79= $158, two H/F @ $85= $170, two sales taxes @ $6.12 = $12.24. Down payment of $166.24. MC AP519055.	$126.00		$126.00
		$340.24		$466.24
			$166.24	$300.00
	10/20/06 Pd by MC AP 319171		$100-	$200.-
	10-20-06 pd by mlc AP 039536		$200.00	-0-

PAID

OCT 20 2006

MOUNTAIN

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-need (Res)
LOTS-ONLY (2)

Date 9-22-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leilani Anguiland childs #229797

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 222 Grave 10411

Grave space & Care Fund	2 @ #2,264.00	$4,528.00
Overtime/Late Arrival Fees		0
Opening/Closing & Setup		0
Burial Container		0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		0
Sales taxes		0
Total Due		$4,528.00
Paid receipt number	pd by Visa	906.00
Balance due		3,622.00

PAID
SEP 29 2008
MOUNT HOPE CEMETERY

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

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

L Childs X
Signature

X LEILANI CHILDS
Print Name

X 11225 PACEMONT LN.
Address

X SAN DIEGO CA 92126
City Zip Code

X (858) 689-2077
Telephone (858) 212-4343 CELL

Invoice # _____

Work Order # E-19910

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19910

CALIFORNIA
DRIVER LICENSE
CLASS C
LEILANI ANQUILLANO CHI
11225 PACEMONT LN
SAN DIEGO CA 92126
SEX:F HAIR:BRN
HT:5-07 WT:125
DOB:09-15-70
06/01/2004 676 35 FD/00

E19910

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

DATE: 09/22/06 TIME: 09:37:08
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 176
CD TYPE: VISA
TR TYPE: PR

TOTAL: $906.00

ACCT: **********1862 EXP: ****
AP: 216856
NAME: LEILANI A CHILDS
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 L Childs

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Pre-need (2) LOTS
E-19910
Div 12 sec 2 LOT 222
GR 10 & 11
Leilani Childs

E19910

OFFICIAL RECEIPT

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

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

P 01371

Date: 8/29, 20 08

From: Jordan J. Childs Address: on file

One hundred fifty and 00/100 Dollars ($ 150 —)

in part Payment of Pre-need

Div 12 Sec 2 Blk/Row Lot 222 Grave 10

Invoice No. E-019910

Acct. No.

W.O.

BALANCE DUE $172.-

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

RECEIVED
AUG 28 2008
By

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

190
77184

150.—

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

ISSUED BY paulette C.

TOTAL PAID $ 150.—

AC-212 (11-05) 00138 54 4083
This information is available in alternative formats upon request.

E19910

P 00556

OFFICIAL RECEIPT

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

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

Date: 10-31, 20 06

From: D J Childs Address: on record

Dollars ($ 150 —)

in part Payment of Pre-need lots.

Div 12 Sec 2 Blk/Row — Lot 222 Grave 10 & 11

Invoice No. E019910

Acct. No.

W.O.

BALANCE DUE $ 3,472.00

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

PAID

OCT 3 1 2006

MOUNT HOPE CEMETERY

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	150	—
Trust	77186		
TOTAL PAID		$ 150	—

☑ ~~Pre-Need Lot~~ ☐ Money Order

☐ ~~Pre-Need Trust~~ ☐ Charge

☑ Check 009825 8161 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 00594B
E19910

Date: Nov. 29, 20 06

From: Leilani Chicks Address: on record

one hundred, fifty and 00 Dollars ($ 150 —)

in Part Payment of Re-need Lots no coupons

Div 12 Sec 2 Blk/Row Lot 222 Grave 10 & 11

Invoice No. EO 19910

Acct. No.

W.O.

BALANCE DUE $3,322. —

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

PAID

NOV 29 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	150 —
Trust	77186	

TOTAL PAID $ 150. —

☒ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

000892462

OFFICIAL RECEIPT

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

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

P 00632 E19910

Date: December 28, 2006

From: D.J. Childs Address: 11225 Pacemont Ln, SD CA 92126

One Hundred fifty and no (100) Dollars ($ 150.-)

in part Payment of Pre-need lots (2), no coupon

Div 12 Sec 2 Blk/Row ____ Lot 222 Grave 10 & 11

Invoice No. E-D19910

Acct. No. ____

W.O. ____

BALANCE DUE $ 3,172.00

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

PAID

DEC 28 2006

MOUNT HOPE CEMETERY

ISSUED BY paulettecrawford

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

150.-

150-

TOTAL PAID $

☒ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 0016643032

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 01091 E19910

Date: 1/3, 20 07

From: D.A. Childs Address: on file

One hundred fifty and 00 Dollars ($ 150-)

in part Payment of Pre-need lots

Div 12 Sec 2 Blk/Row Lot 222 Grave 10 & 11

Invoice No. E-19910

Acct. No.

W.O.

BALANCE DUE $ 1,372.00

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

PAID
JAN - 3 2008
MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	150.—
Trust	77186	
TOTAL PAID	$	150—

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

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

00538 49190

OFFICIAL RECEIPT

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

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

P 00677 E19910

Date: 1/29 .2007

From: D J Childs Address: on record

one hundred fifty and 00 Dollars ($150-)

in part Payment of Pre-need Lots. jan 2007 payment

Div 12 Sec 2 Blk/Row _____ Lot 222 Grave 10 & 11

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE $ 3022.-

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

PAID

JAN 29 2007

MOUNT HOPE CEMETERY

ISSUED BY pcrawford

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

150 -

TOTAL PAID $ 150-

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

0031217345

OFFICIAL RECEIPT

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

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

P00719 E19910

Date: 2/26, 2007

From: D. J. Chuds Address: on record

One hundred fifty Dollars ($ 150 —)

in Part Payment of Pre-need lots, no coupon

Div 12 Sec 2 Blk/Row ____ Lot 222 Grave 10 & 11

Invoice No. E-19910

Acct. No. ____

W.O. ____

BALANCE DUE $ 2872.00

☑ Pre-Need Lot's ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check

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

PAID

FEB 26 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	150. —
Trust	77186	
TOTAL PAID	$	150 —

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

0041589413

OFFICIAL RECEIPT

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

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

P00768 E19910

Date: 03/29, 2007

From: DJ Chiedo Address: On record

Dollars ($ 150.—)

in part Payment of PN No coupons

Div 12 Sec 2 Blk/Row Lot 222 Grave 10&11

Invoice No. E-19910

Acct. No.

W.O.

BALANCE DUE $ 2,722.00

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 005 884 5591

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

PAID

MAR 29 2007

ISSUED BY [signature] MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	150.—
Trust	77186	
TOTAL PAID	$	150 —

AC-212 (11-05)

This information is available in alternative formats upon request.

E19910

OFFICIAL RECEIPT

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

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

P00804

Date: 04/27 ,2007

From: DJ Childs Address: on record

one hundred fifty and 00 Dollars ($ 150—)

in Part Payment of Pn Lots, no coupon

Div 12 Sec 2 Blk/Row _____ Lot 222 Grave 10 & 11

Invoice No. E-19910

Acct. No. _____

W.O. _____

BALANCE DUE $2,572.—

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

PAID

APR 27 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

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

TOTAL PAID $ 150—

150—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

E-019910

OFFICIAL RECEIPT

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

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

P00845 E19910

Date: 5/31, 20 07

From: DJ Childs Address: on file

One hundred fifty Dollars ($ 150.-)

in part Payment of PN Lots. No coupon

Div 12 Sec 2 Blk/Row ____ Lot 282 Grave 10411

Invoice No. E-19910

Acct. No. ____

W.O. ____

BALANCE DUE $ 2422.-

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

PAID

MAY 31 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	150.-
Trust	77186	
TOTAL PAID		$ 150.-

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 00805 60340

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

OFFICIAL RECEIPT

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

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

P00880 E19910

Date: 6/28 , 2007

From: Childs, Leilani Address: on file

Dollars ($ 150.00)

in _____ Payment of Pre need LOTS

Div 12 Sec 2 Blk/Row _____ Lot 222 Grave 10 & 11

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

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

PAID

JUN 2 8 2007

MOUNT HOPE CEMETERY

ISSUED BY Maria D.

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	150	00
Trust	77186		
TOTAL PAID	$	150	00

☒ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

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

P00914 E19910

Date: 7-30, 20 07

From: D.J. Childs Address: on file

Dollars ($ 150 —)

in part Payment of Pre-need Lots

Div 12 Sec 2 Blk/Row ____ Lot 222 Grave 10 & 11

Invoice No. E-19910

Acct. No. ____

W.O. ____

BALANCE DUE 2122. —

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

PAID

JUL 30 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	150 —
Trust	77186	
TOTAL PAID	$	150 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check 6002321422

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 00956 E19910

Date: 9-4 , 2007

From L. Childs Address: on file

Dollars ($ 150 -)

in part Payment of PN lots

Div 12 Sec 2 Blk/Row _____ Lot 222 Grave 10 + 11

Invoice No. E-19910

Acct. No. _____

W.O. _____

BALANCE DUE $ 1,972. -

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

PAID

SEP - 4 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	150 -
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 000134127 23 ISSUED BY p crawford

TOTAL PAID $ 150. -

AC-212 (11-05)

This information is available in alternative formats upon request.

E19910

OFFICIAL RECEIPT

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

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

P 00988

Date: 9/27, 20 07

From: D.J. Childs Address: on file

Dollars ($ 150 00)

in _____ Payment of Pre-need lots

Div 12 Sec 2 Blk/Row _____ Lot 222 Grave 10 & 11

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 1,822.00

PAID

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

SEP 27 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	150 —
Trust	77186	

☒ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check 56-1551

ISSUED BY Maria V.

TOTAL PAID $ 150 —

AC-212 (11-05)

This information is available in alternative formats upon request.

E19910

OFFICIAL RECEIPT

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

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

P 01025

Date: October 30 20 07

From: D. J. Childs Address: on file

One hundred fifty and 00 Dollars ($ 150.-)

in part Payment of PN lots, no coupons

Div 12 Sec 2 Blk/Row Lot 222 Grave 10+11

Invoice No. E- 19910

Acct. No.

W.O.

BALANCE DUE $ 1672.-

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

PAID

OCT 30 2007

MOUNT HOPE CEMETERY

ISSUED BY PC

CREDIT	67007		
20% Sales Care	77184	150.	-
Pre-Need	63033		
Trust	77186		
TOTAL PAID	$	150.	-

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check

AC-212 (11-05)

This information is available in alternative formats upon request

0033280615

OFFICIAL RECEIPT

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

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

P 01056 E19910

Date: 11/29 , 20 07

From: DJ Childs Address: on file

Dollars ($ 150)

in part Payment of PN Trust, Cot only

Div 12 Sec 2 Blk/ Row 1 Lot 222 Grave 10911

Invoice No. E-19910

Acct. No.

W.O.

BALANCE DUE $1,522.00

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

PAID

NOV 29 2007

MOUNT HOPE CEMETERY

ISSUED BY PC

CREDIT	67007	150 —
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
TOTAL PAID		$ 150 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check 0042663494

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 01120 E19910

Date: 1/30, 20 08

From: L. Chuds Address: on file

One hundred fifty Dollars ($ 150)

in part Payment of Pre need lot

Div 12 Sec 2 Blk/Row Lot 222 Grave 10411

Invoice No. E-019910

Acct. No.

W.O.

BALANCE DUE $ 1,222.00

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

PAID

JAN 30 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	150	-
Trust	77186		
TOTAL PAID		$ 150	-

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 0062192592

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

E19910

OFFICIAL RECEIPT

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

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

P 01149

Date: 2/29, 20 08

From: Jordan Childs for Leilani Childs Address: on file

Dollars ($ 150.00)

in _____ Payment of Pre need COTS E-19910

Div 12 Sec 2 Blk/Row _____ Lot 222 Grave 10411

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

PAID

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE
FEB 29 2008

MOUNT HOPE CEMETERY

ISSUED BY Maria D.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	~~63032~~	150 —
Trust	~~77196~~	
	100	
	77184	
TOTAL PAID	$	150 —

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

E19910

OFFICIAL RECEIPT

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

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

P 01186

Date: 3/28, 20 08

From: Jordan J Childs Address:

Dollars ($150 —)

in part Payment of Pre-need lots No Coupon

Div Sec Blk/Row Lot Grave

Invoice No. E-19910

Acct. No.

W.O.

BALANCE DUE $ 922.—

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

PAID
MAR 2008
MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	~~150~~ PC
Pre-Need	63033	
Trust	77186	
		150.00
TOTAL PAID	$	150 —

DCR0815729
PC ~~100%~~ 80%
100/77184

☑ Pre-Need Lot ☐ Money Order
☐ Pre-Need Trust ☐ Charge
☑ Check 0077675744

ISSUED BY Paulette

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

E19910

OFFICIAL RECEIPT

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

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

P 01218

Date: 4/29, 2008

From: Jordan J. Childs Address: on file

One hundred fifty and 00/00 Dollars ($ 150.-)

in part Payment of Pre Lneed Lots.

Div 12 Sec 2 Blk/Row _____ Lot 222 Grave 10 & 11

Invoice No. E-19910

Acct. No. _____

W.O. _____

BALANCE DUE $ 622.00

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

PAID

APR 28 2008

MOUNT HOPE CEMETERY

CREDIT	67007	133.60
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
80%		16.40

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 0085027908

ISSUED BY Paulette C.

TOTAL PAID $ 150.-

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

E19910

OFFICIAL RECEIPT

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

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

P 01255

Date: 6/2, 20 08

From: Childs, L. Address: on file

Dollars ($ 150—)

in part Payment of Pre-need lots.

Div 12 Sec 2 Blk/Row _____ Lot 222 Grave 10 & 11

Invoice No. E-9910

Acct. No. _____

W.O. _____

BALANCE DUE $ 772—

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

PAID

JUN 2 2008

MOUNT HOPE CEMETERY

ISSUED BY P.C.

CREDIT	67007	150 —
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
TOTAL PAID		$ 150 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 00 92206298

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

E19910

OFFICIAL RECEIPT

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

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

P 01288

Date: 6/27, 2008

From: Leilani Childs Address: on file

Dollars ($ 150-)

in PMT Payment of Pre-need lots.

Div 12 Sec 2 Blk/Row _____ Lot 222 Grave 1041

Invoice No. E-19910

Acct. No. _____

W.O. _____

BALANCE DUE $ 622.-

☑ 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

JUN 27 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	150 -
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
TOTAL PAID		$ 150 -

004436485 2

E19910

OFFICIAL RECEIPT

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

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

P 01338

Date: July 31, 2008

From Childs, Jordan J. Address: on file

One hundred fifty and 00/00 Dollars ($ 150.-)

in part Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row ____ Lot ____ Grave 10 & 11

Invoice No. E-19910

Acct. No. ____

W.O. ____

BALANCE DUE $472.00

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 0000867270

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 31 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184	77184	150 —
Pre-Need	63033	100	
Trust	77186		
		TOTAL PAID $	150 —

E19910

OFFICIAL RECEIPT

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

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

P 01411

Date: 9/29 , 20 08

From: Jordan Childs Address: On file

One hundred Seventy two 00/100 Dollars ($ 172.00)

in _____ Payment of Prepaid for Leilani Childs.

Div 12 Sec 2 Blk/Row _____ Lot 222 Grave 10411

Invoice No. _____

Acct. No. E-19910

W.O. _____

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

00209218837 ☒ 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

SEP 2 9 2008

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033		
Trust	77186		
		100/77184	172 00
		TOTAL PAID	$ 172 00

E19910

MT HOPE CEMETERY

Transaction History

Contract: E-19910-L

Contract Date: 09/22/2006
Purchased By: Childs, Leilani Anquiland
11225 Pacemont Ln.
San Diego, CA 92126
858-689-2077

Status: Paid In Full

Dept: Mt Hope Cemetery
Counselor: SANDRA BROLLINI

Deferred Payment Price	**4,528.00**	**Amount Paid**	**4,528.00**	**Balance Due**	**0.00**
Base Price	4,528.00			Amount Financed	3,622.00
Interest	0.00	Downpayment	906.00	Number of Installments	24
Sales Tax	0.00	Transfer Allowance	0.00	Regular Payment of	150.00
Credit Life	0.00	Discount	0.00	Odd Payment of	172.00
		Late Charges/Fees	0.00	Date First Payment Due	10/30/2006
				Payment Plan	Monthly

Items Purchased	Quantity	Qty Fulfilled	Price
Graves-Resident - Division 12-2 SD Resident	2	0	4,528.00
Division 12, Section 2,, Lot 222, Grave 10-A			
Division 12, Section 2,, Lot 222, Grave 11-A			

Date	Transaction Type	Receipt No - Ref No	Trans	Amount	Allocations
09/22/2006	Downpayment	6952 -- pd by visa/AP216856	0	906.00	906.00 Equity
10/31/2006	Installment Payment	7073 -- P-00556	1	150.00	150.00 Equity
11/29/2006	Installment Payment	7162 -- P-00594B	2	150.00	150.00 Equity
12/28/2006	Installment Payment	7388 -- P-00632	3	150.00	150.00 Equity
01/29/2007	Installment Payment	7481 -- P-00677	4	150.00	150.00 Equity
02/26/2007	Installment Payment	7640 -- p-00719	5	150.00	150.00 Equity
03/29/2007	Installment Payment	7761 -- P-00768	6	150.00	150.00 Equity
04/27/2007	Installment Payment	7842 -- P-00804	7	150.00	150.00 Equity
05/31/2007	Installment Payment	7933 -- P-00845	8	150.00	150.00 Equity
06/28/2007	Installment Payment	8104 -- P-00880	11	150.00	150.00 Equity
07/30/2007	Installment Payment	8105 -- P-00914	12	150.00	150.00 Equity
09/04/2007	Installment Payment	8194 -- P-00956	13	150.00	150.00 Equity
09/26/2007	Installment Payment	8247 -- P-00988	14	150.00	150.00 Equity
10/30/2007	Installment Payment	8334 -- P-01025	15	150.00	150.00 Equity
11/29/2007	Installment Payment	8406 -- P-01056	16	150.00	150.00 Equity
01/03/2008	Installment Payment	8468 -- P-01091	17	150.00	150.00 Equity
01/30/2008	Installment Payment	8529 -- P-01120	18	150.00	150.00 Equity
02/25/2008	Installment Payment	8599 -- R-01149	19	150.00	150.00 Equity
04/01/2008	Installment Payment	8689 -- P-01186	20	150.00	150.00 Equity
06/02/2008	Installment Payment	8882 -- P-01255	21	150.00	133.60 Perp. Care
					16.40 Equity
06/27/2008	Installment Payment	8947 -- P-01288	22	150.00	150.00 Perp. Care
07/31/2008	Installment Payment	9043 -- P-01338	23	150.00	150.00 Perp. Care
04/29/2008	Installment Payment	9073 -- P-01218	24	150.00	150.00 Perp. Care
08/29/2008	Installment Payment	9161 -- P-01371	25	150.00	150.00 Perp. Care
09/29/2008	Installment Payment	9280 -- P-01411	26	172.00	172.00 Perp. Care

MT HOPE CEMETERY

Transaction History

Contract: E-19910

e	Transaction Type	Receipt No - Ref No	Trans	Amount	Allocations
	TOTALS:			**4,528.00**	

Transaction History Summary:

Fund Name	Original Amount	Allocations	Amount Due	Amount Cancelled
Equity	3,622.40	3,622.40		
Perp. Care	905.60	905.60		
TOTALS:		4,528.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinterment Twins same pin number for both Date 9/26/06

Pin# 14842.0

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe "A" & John Doe "B" ?

in a M.E. 288-70 & M.E. 289-70 Funeral, date, time OCTOBER 11th 2006

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 1 Section 7 Blk/Row _____ Lot 117 Grave 91A

Grave space & Care Fund C-8368 —

Overtime/Late Arrival Fees Disinterment $755.-

Opening/Closing & Setup ....

Burial Container .... PAID

Handling Fees ....

Flower vases – Marker setting fee .... SEP 29 2006

Recording/Filing/Transfer Fees ....

Sales taxes .... MOUNT HOPE CEMETERY

Total Due $755.-

Fax 858-974-2164

Paid receipt number AP 057610 755.-

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 Phone order Zip Code

Telephone

Invoice # _____

Work Order # E-19911

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

DR. Steve Campton 858-694-3485
Investigator: 858-694-2905
Kretchen
Geary

sheriff Pat Garner
Paula his Administrator

858-974-2164

E19911

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

"KEEPING THE PEACE SINCE 1850"

P. GARDNER
DETECTIVE

HOMICIDE DETAIL
9621 RIDGEHAVEN CT., SAN DIEGO, CA 92123
P. O. BOX 939062, SAN DIEGO, CA 92193-9062
(858) 974-2391/FAX 974-2164

Bill Kolender
SHERIFF

E19911

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Walter Willis Jr. #B (infant)

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

			X			Sabrey (burial)

Blind Check Initiated By: Paul Date: _____

Interment space for: John "A" & John "B" (infant boys)

Interment Date: Weds Doe Thurs. (DLT 11) Time: Doe ?

Div: 1 Sect: 7 Blk/Row: _____ Lot: 117 Gr: 4HA

Grave Laid out by: David

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Kevin Date: _____

CREMAINS WERE PLACED _____

E19911

E-19911

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

DATE: 09/29/06 TIME: 09:15:38
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 180
CD TYPE: VISA
TR TYPE: MP

TOTAL: $755.00M

ACCT: **********0388 EXP: ****
AP: 057610
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 order

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Disinterment of
John "A" & John "B"
Division, Section 7, Lot 117,
gr. 41A

Pre-Need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-27-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Thuy THI VU #230043

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 5

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	
Recording/Filing/Transfer Fees	65.00
Sales taxes	$20.93
Total Due	$3,358.93
Paid receipt number pd by visa AP040247	$672.00
Balance due	2,686.93

PAID
FOLIO# OCT 14 2008
MOUNT HOPE CEMETERY

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

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

X _____
Signature

c/o purchaser

Pine VU Pin # 230413

X THUY VU
Print Name

X 7414 DANCY RD
Address

X SAN DIEGO 92126
City Zip Code

X 858 794 2702
Telephone

Work Order # E-19912

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19912

CALIFORNIA
DRIVER LICENSE
V8138557
CLASS:C
EXPIRES 10-27-02
THUY THI VU
7414 DANCY RD
SAN DIEGO CA 92126
SEX:F
HAIR:BLK
HT:5-02
WT:110
DOB:10-27-60
09/21/2002 676 29 FD/07

E19912

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

DATE: 09/27/06 TIME: 14:03:01
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 179
CD TYPE: VISA
TR TYPE: PR

TOTAL: $672.00

ACCT: **********5795 EXP: ****
AP: 040247
NAME: THUY T VU
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

pre-need
down payment FOR
Thuy Thi Vu
E-19912
Div 12 sec 2
LOT 250 GR 5

E19912

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Statement

Statement Date: 09/30/2008

Reference: 230043

Amount Due: **$112.00**

Amount Enclosed:

Contract(s): E-19912

Thuy Thi Vu
7414 Dancy Rd
San Diego, CA 92126

COPY

Thank You For Your Payment!

Please return this portion with your payment

Contract: E-19912	Last Statement: / /		Due Date: 09/16/2008

Scheduled Payment: $110.93

Current Due: 112.00

Activity Since Last Statement

Installment Payment	10/16/2006	112.00	
Installment Payment	11/20/2006	112.00	
Installment Payment	12/19/2006	112.00	
Installment Payment	01/18/2007	112.00	
Installment Payment	02/14/2007	112.00	
Installment Payment	03/09/2007	112.00	
Installment Payment	04/16/2007	112.00	
Installment Payment	05/22/2007	112.00	
Installment Payment	06/20/2007	112.00	
Installment Payment	07/19/2007	112.00	
Installment Payment	08/17/2007	112.00	
Installment Payment	09/18/2007	112.00	
Installment Payment	10/18/2007	112.00	
Installment Payment	11/20/2007	112.00	
Installment Payment	12/18/2007	112.00	
Installment Payment	01/30/2008	112.00	
Installment Payment	02/20/2008	112.00	
Installment Payment	03/21/2008	112.00	
Installment Payment	04/21/2008	112.00	
Installment Payment	05/20/2008	112.00	
Installment Payment	06/24/2008	224.00	
Installment Payment	07/22/2008	110.93	

Contract Balance: **$112.00** **Total Due For Contract: E-19912** **$112.00**

Total Due For Thuy Thi Vu: **$112.00**

E19912
P00706

OFFICIAL RECEIPT

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

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

Date: Feb 14, 2007

From: Thuy T. Vu Address: on record

one hundred twelve Dollars ($ 112 -)

in part Payment of Pre-need lot & trust

Div 12 Sec 2 Blk/Row Lot 250 Grave 5

Invoice No. E 19912

Acct. No.

W.O.

BALANCE DUE $2126.93

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

PAID

FEB 14 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	112 -
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 537 ISSUED BY paulette

TOTAL PAID $ 112 -

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

OFFICIAL RECEIPT

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

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

P00755 E19912

Date: 3/19, 20 07

From: Pine Vu/Thuy T. Vu Address: on record

Dollars ($ 112 —)

in part Payment of PN Lot/Trust

Div 12 Sec 2 Blk/Row Lot 250 Grave 5

Invoice No. E-19912

Acct. No.

W.O.

BALANCE DUE $ 2,014.93

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5356

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

PAID

MAR 19 2007

ISSUED BY MOUNT H. Paulette

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

AC-212 (11-05)

This information is available in alternative formats upon request.

E1991/2

OFFICIAL RECEIPT

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

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

P00794

Date: 4/17 , 20 07

From: THUY T. VU Address: 7414 Dancy Rd SD 92126

Dollars ($ 112.00)

in _____ Payment of Pre-need Lot & Trust

Div 12 Sec 2 Blk/Row _____ Lot 250 Grave 5

Invoice No. E-19912

Acct. No. _____

W.O. _____

BALANCE DUE 1,902.93

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

PAID
APR 17 2007
MOUNT HOPE CEMETERY

ISSUED BY Maria V.

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

☐ Pre-Need Lot ☐ Money Order
☐ Pre-Need Trust ☐ Charge
☒ Check 5381

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

P00833 E1991 2

Date: 5/22, 20 07

From: Pine Vu Address: on record

Dollars ($ 112.—)

in part Payment of PN Lot, trust Coupon # 8

Div 12 Sec 2 Blk/Row _____ Lot 250 Grave 5

Invoice No. E-1991 2

Acct. No. _____

W.O. _____

BALANCE DUE $ 1,790.93

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

PAID

MAY 22 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

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

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 5543

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

P00873 E19912

Date: 6/20 , 20 07

From: Pine Vu/Thuy T. Vu Address: On File

Dollars ($ 224.00)

in _____ Payment of Re nood lot & TRUST

Div 12 Sec 2 Blk/Row _____ Lot 250 Grave 4 & 5

Invoice No. E-19912

Acct. No. _____

W.O. _____

BALANCE DUE _____

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

PAID

JUN 20 2007

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	224 00
Trust	77186	

TOTAL PAID $ 224 00

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 5460 5461

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

P00904 E19912

Date: 7-19, 20 07

From: Thuy Thi Ku Address: on file

Dollars ($ 112.-)

in part Payment of Pre-need Lot, trust.

Div 12 Sec 2 Blk/Row _____ Lot 250 Grave 12

Invoice No. E-019912

Acct. No. _____

W.O. _____

BALANCE DUE $ 1,506.93

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

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	112.-
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check #465 ISSUED BY pcmyed

TOTAL PAID $ 112.-

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

OFFICIAL RECEIPT

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

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

P00936 E19912

Date: Aug. 17 , 20 07

From: Pine Vu Address:

one hundred twelve Dollars ($ 112.-)

in part Payment of Pre-need lot/trust-1 Coupon #11

Div 12 Sec 2 Blk/Row Lot 250 Grave 5

Invoice No. E-19912

Acct. No.

W.O.

BALANCE DUE $1,454.93

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5433

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

AUG 17 2007

MOUNT HOPE CEMETERY

ISSUED BY paulette C.

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

E19912

P 00973

OFFICIAL RECEIPT

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

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

Date: 9- 18 , 20 07

From: Thuy T. Vu Address: on file

Dollars ($ 112 -)

in part Payment of pre-need lot/trust. Coupon #12

Div 12 Sec 2 Blk/Row _____ Lot 250 Grave 5

Invoice No. E-19912

Acct. No. _____

W.O. _____

BALANCE DUE $ 1,342.93

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

PAID

SEP 18 2007

MOUNT HOPE CEMETERY

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

☑ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 5391

ISSUED BY PCrawford

TOTAL PAID $ 112 —

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

E19912

OFFICIAL RECEIPT

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

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

P 01016

Date: 10/18, 20 07

From: Vu, Anne Address: _____

_____ Dollars ($ 112 —)

in part Payment of PN #13

Div 12 Sec 2 Blk/Row _____ Lot 250 Grave 5

Invoice No. E-19912

Acct. No. _____

W.O. _____

BALANCE DUE $ 1230.93

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

PAID
OCT 18 2007
MOUNT HOPE CEMETERY

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

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 5372

ISSUED BY PC

TOTAL PAID $ 112 —

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

E1912

P 01048

OFFICIAL RECEIPT

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

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

Date: 11/20, 20 07

From: Shuk F. Yu Address: on file

One hundred twelve, PN Lot, Trust Section 14 Dollars ($ 112-)

in Part Payment of

Div 12 Sec 2 Blk/Row Lot 250 Grave 5

Invoice No. E-1C9912

Acct. No.

W.O.

BALANCE DUE $0

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

PAID

NOV 20 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	112-
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 5-450 5572 ISSUED BY

TOTAL PAID $ 112-

AC-212 (11-05)

This information is available in alternative formats upon request.

E19912

OFFICIAL RECEIPT

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

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

P 010[illegible]

Date: 12-18, 20 07

From: PNC Vu Address: 7414 DANCY RD S.D. 92126

ONE HUNDRED TWELVE & NO/100 Dollars ($ 112.00)

in PARTIAL Payment of PRENEED LOT & TRUST

Div 12 Sec 2 Blk/Row _____ Lot 250 Grave 5

Invoice No. 230843

Acct. No. E19912

W.O. _____

BALANCE DUE $ 1006.93

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

PAID

DEC 18 2007

MOUN[illegible] CEMETERY

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	83033	112	-
Trust	77186		
		TOTAL PAID $	112 -

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check #475

AC-212 (11-05)

This information is available in alternative formats upon request.

E19912

OFFICIAL RECEIPT

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

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

P 01121

Date: 1/30, 20 08

From: Thuy T. Vu Address: on file

One hundred twelve Dollars ($ 112.-)

in part Payment of Pre-need lot + trust. Coupon #16

Div 12 Sec 2 Blk/Row _____ Lot 250 Grave 5

Invoice No. E-19912

Acct. No. _____

W.O. _____

BALANCE DUE $ 894.93

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

PAID

JAN 30 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette Crayford

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

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 5476

AC-212 (11-05)

This information is available in alternative formats upon request.

E19912

OFFICIAL RECEIPT

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

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

P 01138

Date: 2-20, 2008

From: THOY THI VU Address: 7414 DRACY RD S.D. CA 92126

ONE HUNDRED - TWELVE & NO/100 Dollars ($ 112.00)

in PARTIAL Payment of PRE-NEED LOT & TRUST

Div 12 Sec 2 Blk/Row _____ Lot 250 Grave 5

Invoice No. E19912

Acct. No. 230043

W.O. _____

BALANCE DUE 782.93

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

PAID

FEB 2 0 2008

MOUNT HOPE CEMETERY

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	112 -
Trust	77186	

TOTAL PAID $ 112 -

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check #5456

AC-212 (11-05)

This information is available in alternative formats upon request.

E19912

OFFICIAL RECEIPT

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

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

P 01179

Date: 3/19, 2008

From: Thuy Thi Vu Address: On file

One hundred twelve and 00 Dollars ($ 112 —)

in part Payment of PN Lot + Trust Coupon #18

Div 12 Sec 2 Blk/Row _____ Lot 250 Grave 5

Invoice No. E-019912

Acct. No. _____

W.O. _____

BALANCE DUE $ 670.93

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

PAID

MAR 19 2008

MOUNT HOPE CEMETERY

ISSUED BY _____

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

TOTAL PAID $ 112 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5508

AC-212 (11-05)

This information is available in alternative formats upon request.

E19912

OFFICIAL RECEIPT

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

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

P 01214

Date: 4/21, 20 08

From: Thuy T. Vu Address: on file

one hundred, twelve Dollars ($ 112.-)

in Part Payment of Pre-Need Lot/Trust. Coupon #19

Div 12 Sec 2 Blk/Row _____ Lot 250 Grave 5

Invoice No. E019912

Acct. No. _____

W.O. _____

BALANCE DUE $ 558.93

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

PAID

APR 21 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

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

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 538

AC-212 (11-05)

This information is available in alternative formats upon request.

E19912

OFFICIAL RECEIPT

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

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

P 01245

Date: 5/20, 20 08

From: Thuy T. Vu Address: on file

One hundred, twelve Dollars ($ 112.-)

in part 12 Payment of PN Payment Coupon #20

Div Sec 2 Blk/Row Lot 250 Grave 5

Invoice No. E-19912

Acct. No.

W.O.

BALANCE DUE ~~$446.93~~

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

PAID

MAY 20 2008

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	112.-
Trust	77186	

☒ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check 5394 ISSUED BY paulette

TOTAL PAID $ 112.-

AC-212 (11-05)

This information is available in alternative formats upon request.

E19912

OFFICIAL RECEIPT

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

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

P 01286

Date: 6/24, 20 08

From: Thuy T. Vu Address: 7414 Dancy Rd, SD Ca 92126

Two Hundred, twenty-four Dollars ($224.00)

in part Payment of Pre-need lot & trust. Coupons 21422

Div 12 Sec 2 Blk/Row Lot 250 Grave 5

Invoice No. E-19912

Acct. No.

W.O.

BALANCE DUE $222.93

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

PAID

JUN 24 2008

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	224.00
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5386

ISSUED BY Paulette Crayford

TOTAL PAID $ 224.00

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

E19912

OFFICIAL RECEIPT

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

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

P 01322

Date: 7/22, 20 08

From: Pinc/Thuy Vu Address: on file

One hundred ten and 93/00 — Dollars ($ 110.93)

in Part Payment of Pre-need lot/trust. Coupon # 23

Div 12 Sec 2 Blk/Row ____ Lot 250 Grave 5

Invoice No. E-da9172

Acct. No. ____

W.O. ____

BALANCE DUE $ 112.00

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

PAID

JUL 22 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	110.93
Trust	77186	
TOTAL PAID		$ 110.93

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5389

AC-212 (11-05)

This information is available in alternative formats upon request.

E19912

OFFICIAL RECEIPT

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

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

P 00528

Date: Oct 16 , 20 06

From: Thuy T. Vu Address: on record

One hundred twelve Dollars ($ 112.—)

in part Payment of Pre-need lot, trust

Div 12 Sec 2 Blk/Row _____ Lot 250 Grave 5

Invoice No. E019912

Acct. No. _____

W.O. _____

BALANCE DUE $ 2,574.93

☑ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 5329

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

PAID

OCT 13 2006

ISSUED BY Paulette MOUNT HOPE CEMETERY

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

112 —

TOTAL PAID $ 112 —

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

E19912

OFFICIAL RECEIPT

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

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

P 00587

Date: 11-20, 20 06

From: Thuy T. Vu Address: on record

One Hundred Twelve Dollars ($ 112 -)

in part Payment of Pre-need lot trust

Div 12 Sec 2 Blk/Row _____ Lot 250 Grave 5

Invoice No. E01912

Acct. No. _____

W.O. _____

BALANCE DUE 2,462.93

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

PAID

NOV 20 2006

CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	112 -
Trust	77186	

TOTAL PAID $ 112 -

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 5321 ISSUED BY Paulette

AC-212 (11-05)

This information is available in alternative formats upon request.

E19912

OFFICIAL RECEIPT

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

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

P 00629 A

Date: 12/19, 2006

From: Thuy T. Nu Address: on record

One Hundred Twelve 00/100 Dollars ($ 112 -)

in part Payment of Pre-need Cot, Crust Coupon #3

Div 12 Sec 2 Blk/Row ____ Lot 250 Grave 5

Invoice No. E 019912

Acct. No. ____

W.O. ____

BALANCE DUE 2,350.93

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

DEC 19 2006

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77164	
Pre-Need	63033	112 -
Trust	77186	

TOTAL PAID $ 112 -

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 5351

AC-212 (11-05)

This information is available in alternative formats upon request.

E19912

OFFICIAL RECEIPT

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

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

P 00662

Date: 1-18, 2007

From: Thuy T. Vu Address: on record

One hundred twelve Dollars ($ 112.-)

in part Payment of Pre-need Lot, Trust Coupon #4

Div 12 Sec 2 Blk/Row Lot 250 Grave 5

Invoice No. E 019912

Acct. No.

W.O.

BALANCE DUE $2,238.93

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

JAN 18 2007

ISSUED BY [signature]

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

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5375

AC-212 (11-05)

This information is available in alternative formats upon request.

E1991 2

OFFICIAL RECEIPT

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

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

P 01437

Date: October 14, 20 08

From: Thuy Vu Address: 7414 Darcy Rd., San Diego CA 92126 5134

One hundred twelve and 00/00 Dollars ($ 112.00)

in Full Payment of Pre need lot/trust paid in full. ~~Comp~~ PE.

Div 12 Sec 2 Blk/Row — Lot 250 Grave 5

Invoice No. E-19912

Acct. No.

W.O.

BALANCE DUE Ø

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

PAID

OCT 14 2008

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	112.00
Trust	77186	
TOTAL PAID	$	112.00

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5404 ISSUED BY Paulette C.

AC-212 (11-05)

This information is available in alternative formats upon request.

E19912

OFFICIAL RECEIPT

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

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

P00757

Date: 3/19, 20 07

From: Pine Vu Address: on record

Dollars ($ 112-)

in Part Payment of PN LOT / TRust

Div 12 Sec 2 Blk/Row Lot 250 Grave 4

Invoice No. E 19642

Acct. No.

W.O.

BALANCE DUE $ 14451

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

PAID

MAR 19 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	112-
Trust	77186	

TOTAL PAID $ 112-

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 537

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

E19912

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Thuy Thi Vu
7414 Dancy Rd
San Diego, CA 92126

Statement

Statement Date: 09/30/2008	
Reference: 230043	
Amount Due:	**$112.00**
Amount Enclosed:	
Contract(s): E-19912	11200

Thank You For Your Payment!

Please return this portion with your payment

Contract: E-19912	Last Statement: / /	i	Due Date: 09/16/2008

Scheduled Payment: $110.93

Current Due: 112.00

Activity Since Last Statement

Installment Payment	10/16/2006	112.00
Installment Payment	11/20/2006	112.00
Installment Payment	12/19/2006	112.00
Installment Payment	01/18/2007	112.00
Installment Payment	02/14/2007	112.00
Installment Payment	03/09/2007	112.00
Installment Payment	04/16/2007	112.00
Installment Payment	05/22/2007	112.00
Installment Payment	06/20/2007	112.00
Installment Payment	07/19/2007	112.00
Installment Payment	08/17/2007	112.00
Installment Payment	09/18/2007	112.00
Installment Payment	10/18/2007	112.00
Installment Payment	11/20/2007	112.00
Installment Payment	12/18/2007	112.00
Installment Payment	01/30/2008	112.00
Installment Payment	02/20/2008	112.00
Installment Payment	03/21/2008	112.00
Installment Payment	04/21/2008	112.00
Installment Payment	05/20/2008	112.00
Installment Payment	06/24/2008	224.00
Installment Payment	07/22/2008	110.93

Contract Balance: $112.00 **Total Due For Contract: E-19912** **$112.00**

Total Due For Thuy Thi Vu: **$112.00**

MT. HOPE CEMETERY

Pre-need (Res)

INTERMENT ORDER

City of San Diego

Date 9-29-06

FOR 2nd Burial

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosario Sanchez in a DD crypt "B" (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 187 Grave 3 B

Grave space & Care Fund E-19395	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	$533.00
Burial Container	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 P-00509	$120.00
Balance due	$478.00

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.

Rosario Sanchez X
Signature

Emmanuel Sanchez
229633
229634

Work Order # E-19913

X Rosario Sanchez
Print Name

X
Address

X 1468 HORNBLEND ST. #8
City SD 92109 Zip Code

X
Telephone

858-483-1840

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19913

OFFICIAL RECEIPT

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

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

P 00509

Date: 9-29-06, 20 06

From: Rosario Sanchez Address: 1468 Horn Blen St #8 SD 92109

one hundred & twenty dollars 00/100 Dollars ($ 120.00)

in PART Payment of Pre-need 2nd Burial FOR Rosario Sanchez

Div 12 Sec 2 Blk/Row ____ Lot 187 Grave 3 B

Invoice No. E-19913

Acct. No. ____

W.O. ____

BALANCE DUE $ 478.00

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

#156 ☑ 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

SEP 29 2006

MOUNT HOPE C...

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	120	00
Trust	77186		
TOTAL PAID		$ 120	00

ROSARIO SANCHEZ
3401 ORANGE AVE.
SAN DIEGO, CA 92104-2209

90-7182/3222
3001030847

156

DATE 9-29-06

PAY TO THE ORDER OF MT. HOPE CEMENTERY $ 120.00

ONE HUNDRED AND TWENTY DOLLARS

Washington Mutual
Washington Mutual Bank, FA
San Diego-City Heights Financial Center 2409
4440 Wightman St., Suite 100
San Diego, CA 92105
1-800-788-7000
24 hour Customer Service

The Susan G. Komen Breast Cancer Foundation

MEMO 2ND Burial DDM Pmt

Rosario Sanchez MP

[redacted]

Low Income at need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/29/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Zekarias H. Ambaye # 230416

in a liner (Type of Burial Container) Funeral, date, time Tues, October 3, 2006 1PM

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 [signature]

Division 11 Section 2 Blk/Row ____ Lot 9 Grave 1

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	
Paid receipt number AP 029253	1,679.46
Balance due	1,679.46

PAID SEP 29 2006 MOUNT HOPE CEMETERY

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

#230417

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

[signature]
Signature

RUSSOM S KEFLEZIGHI
Print Name

8789 BETELGEUSE WAY
Address

SAN DIEGO CA 92126
City Zip Code

858 689-9538
Telephone

Sel. 858 220 6706

Invoice # ____

Work Order # E-19914

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19914

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ~~(C)~~

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

Blind Check Initiated By: Paulette Date: 9/29

Interment space for: Zehavias H. Ambaye

Interment Date: 10/3/06 Tues Time: 1 PM

Div: 11 Sect: 2 Blk/Row: ____ Lot: 9 Gr: 1

Grave Laid out by: Darrell

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: KEVIN Date: ____

CREMAINS WERE PLACED ____

E19914

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: ZEKARIAS AMBAYE

Address: 4119 WINONA Apt. O

City: SANDIEGO 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.

[signature] COUSIN 9/29/06

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 C. Dowdy 9/29/06

Approved by Date

Current _____ documents verified on:
Approved By _____
Date _____

DIVERSITY

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

E19914

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: March 4, 2006
Claim Number: 607-22-0871 AI

435 SC04,M02,029,05704 000005704 01 AV 0.278

ZEKARIAS H AMBAYE
P O BOX 740607
SAN DIEGO CA 92174-0607

Type of Payment:
Individual--Age 65 or Older

We are writing to tell you about changes in your Supplemental Security Income payments. The following chart shows the SSI money due you for the months we changed. As you can see from the chart, we are only changing your payments for future months. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts shown below on the last page of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. It also shows how we decided how much of your income affects your payment amount. We include explanations only for months where payment amounts change.

Your Payments Will Be Changed As Follows:

From	Through	Amount Due Each Month
April 1, 2006	Continuing	$836.00 This includes $233.00 from the State of California.

Why Your Payments Changed

Your SSI includes money from the State of California. Your State changed the amount of money it tells us to pay its residents. Therefore, we will increase your State payment amount for April 2006.

Information About Your Payments

Your regular monthly check of $836.00 will be sent to you about the first day of April 2006.

See Next Page

SSA-L8151

E19914

HOW WE FIGURED YOUR PAYMENT FOR April 2006 ON

Your 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	+233.00
We didn't subtract (-) any income from State SSI money	- 0.00
Total Monthly SSI Payment for April 2006 on	$836.00

E19914

County of San Diego

KIMBERLY WHITE
DEPUTY PUBLIC GUARDIAN

Public Administrator/Public Guardian
5201A Ruffin Road
San Diego, CA 92123-1699

Phone: (858) 694-2326
Fax: (858) 496-5127
Email: Kimm.White@sdcounty.ca.gov

9/29/06 Residency verified by Kimberly White @ 1:00pm.

E19914

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

page 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
ZEKARIAS	-	AMBAYE	09/30/1930	09/25/2006 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	DANIEL N. BAHIA, NEPHEW 4318 WINWARD LANE NORCROSS, GA 30093

7A. TYPED NAME AND ADDRESS OF 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		10/02/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed shelter 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	10/02/2006	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 10-3-06	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 — VS9a (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 10/2/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mable Ann Brewster Pin # 230426 1:00

in a Liner (Type of Burial Container) Funeral, date, time Friday October 6

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.- will be applied and billed to undersigned. Donna Brewster X

Division 12 Section 3 Blk/Row ____ Lot 97 Grave 10

E-2886

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	279.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	27.82
Total Due	1,454.82
Paid receipt number R-59794	1,454.82
Balance due	0

PAID

OCT 04 2006

MOUNT HOPE

family to pay

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

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

X Donna Brewster
Signature

X DONNA BREWSTER
Print Name

X 982 Billings St
Address

X El Cajon Ca 92020
City Zip Code

(619) 749-7453
Telephone

Paulette

Work Order # E-19915

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19915

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

		Richardson	Butler			
			X		Richardson	
					Taylor	

Blind Check Initiated By: Paulette Date: 10/3/06

Interment space for: Mable Ann Brewster

Interment Date: 10/6/06 Friday Time: 1:00

Div: 12 Sect: 3 Blk/Row: ____ Lot: 97 Gr: 10

Grave Laid out by: Norma Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E1995

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
MABLE	ANN	BREWSTER	11/22/1920	09/30/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	DONNA BREWSTER-HALL, DAUGHTER 982 BILLINGS STREET EL CAJON, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person making permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575		10/06/2006

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

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	10/06/2006	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 ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10-6-06	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.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At-Need (NON-Res).

Mt Burial Only

Date 10-02-06

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

of NHAN Thiu NHAM 230462
First Middle Last

in a DD CRYPT-A Funeral, date, time OCT, 05 2006 10:00 Thurs
Type of Burial Container

Church, Chapel Graveside , Cypress View Mortuary.
Rulon Davis 264-3168

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. $283.00 X

Chinese

Division 11 Section 1 Blk/Row 6 Lot 10 Grave

Chinese Bene Assoc.

Grave space & Care Fund D-8555 (1977) 0

Overtime/Late Arrival Fees

Opening/Closing & Setup (1) $708.00

Burial Container DD Crypt "A" $717.00

Handling Fees $604.00

Flower vases - Marker setting fee $237.00

Recording/Filing/Transfer Fees (1) 85.00

Sales taxes $55.57

PAID

OCT 02 2006

Total Due $2,406.57

Paid receipt number pd by M/C $2,406.57

AP769369

MOUNT HOPE

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.

X
Signature

X Lien Nto 230461
Print Name

X 4820 Marblehead
Address

X Oceanside CA 92057
City Zip Code

X 960 967-7709
Telephone

Invoice #

Work Order # E-19916

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Cypress View
Fax 619 264-5206

E19916

purchaser (NON-Res)

E 19916

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

10-05-06

DATE: 10/05/06 TIME: 11:27:05
MER#: 322156665644 STR#: 4301 TER#: 0002
* C-R-E-D-I-T *

REF: 0001
BATCH: 184
CD TYPE: MC
TR TYPE: CR

for 2nd Burial gave family credit back

TOTAL: $793.00M

ACCT: **********2851 EXP: ****
AP:

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

Family changed mind on 2nd Burial, gave credit back for 2nd Burial

E 019916
Chinese
11 Row 6 Lot 10
purchaser Lien B NGO
Deceased - Nhan Thiu Nham

Family changed mind on 2nd Burial gave credit back 10-05-06 #REF0001 Batch-184

Credit #793.00

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

Credit back #793.00

DATE: 10/02/06 TIME: 12:37:03
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0004
BATCH: 181
CD TYPE: MC
TR TYPE: PR

10-02-06

TOTAL: $3199.57

ACCT: **********2851 EXP: ****
AP: 769369
NAME: LIEN B NGO

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

Trust For
At-Need Services
For Nhan Thiu Nham
Div Chinese Row 6
11

Lot 10

E-19916

Also pd IN Full
For marker setting
Fee
OC, BC DDCrypt, (1)
RIF & tapes

E19916

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 DD Crypt "A"

Monument

			Row-6 Lot 10 X			
			11			
			12 Lew Wing Dom			

REMINDER GRAVES AR SET WIDE

Flagged (Yes)

Blind Check Initiated By: Sandra Date: 10-2-06

Interment space for: Nham Thin Nham

Thurs

Interment Date: OCT 05, 2006 Time: 10:00 GS

Chinese

Div: 11 Sect: ____ Blk/(Row): 6 Lot: 10 Gr: ____

Grave Laid out by: NORM & DARREYL

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

monument

E17716

ROW #11	ROW #10	ROW #9	ROW #8	ROW #7	ROW #6	ROW #5	ROW #4	ROW #3
1 TSUI, CHAN F.G. (5 MAR 88)	1 WONG, KOK K.	1 HOM, YING (26 FEB 76)	1 JUNG, SUEY Y. (22 JAN 78) 0767	1 CHUNG, NHAC (7 JUL 82) 0801	1 [redacted]	1 YUN, HOK K.	1 SHIM, GUAN WING (13 OCT 81)	1 HOM, CHUN K.
2 TSUI, LEO (19 OCT 82) 0848	2 SPENCER, KWAI Y. (29 MAR 78)	2 HOM, JACK SING (20 APR 82) 0774	2 LEE, CHO W.	2 CHAN, HANG (31 AUG 77) 0805	2 HOM, WEE K.	2 YUN, KAY S.	2 HOM, WING K.	2 LAU, WAI C.
3 TSUI-TIET, THIEU THI 0858/0834	3 QUON, TING W.	3 HOM, JACK SING 0774	3 MAR, YOUNG GUN (3 NOV 77) 0435	3 YELING, LAN 0810	3 [redacted] WOO, GUEY CHAW (17 SEP 80) 0811	3 HOM, LIN T.	3 HOM, YUI S.	3 YEE, YIN
4 YEW-TSUI, MARGARET 0870/0875	4 TAM, WEE DOO 0773	4 YEE, YAT KWAI (18 AUG 72) 0768	4 HOM, KA P.	4 CHAU, NGU X. (16 JAN 78)	4 HOM, TING CHIU	4 CHAN, DAI	4 TOM, TAI (3 SEP 80)	4 QUON, SHUNG
5 TSUI, KING LAN 0871/0876	5 TAM, WEE DOO (2 JUL 81) 0773	5 YEE, YAT KWAI 0768	5 [redacted]	5 LEW, THICK (14 MAY 85) 0410	5 HOM, TING CHIU	5 HOM, CHUN H.	5 SOONG, HOU	5 CHONG, TING C
6 TSUI, YING HING 0872/0877	6 YEE YING C.	6 HOM, [illegible] 0789	6 [redacted]	6 LEW, SHUI FONG (4 SEP 81) 0400	6 WONG, CHEUNG CHU WONG (24 SEP 85) 0441	6 HOM, MAN P.	6 HOM, MAN Y.	6 CHIU, KAN CHEO 0830
7 TRAN, BON VU (26 SEP 81) 0815	7 TOM, JAMES S.	7 HOM, [illegible] 0789	7 YEE, FAN	7 WOO, YIN	7 WONG, S. HO HUI	7 HOM, CHUN	7 HOM, YOOK	7 CHIU, SEK KW 0830
8 THOI, CO (12 NOV 80) 0840	8 LUU, DAO CAM 23 JUL 72 0851	8 YIP, LINN FUN 0768	8 QUON, KWOK Y.	8 WOO, YIN	8 LIANG, CHI	8 HUI, TONY 0431	8 (DONATION) 0427	8
9 HUYNH, PHUNG THUY (20 AUG 86)	9 HOM, LIN Y.	9 YIP, LINN FUN 0768	9 LEE, HAROLD (19 JUN 81) 0778	9 HOM, KUCK JEONG 0432	9 HOM, CHING Y.	9 HUI, SELINA 0431	9 (DONATION) 0427	9
10 LIANG, YIU-LING YU 0782	10 [redacted]	10 YIP, CHAN Y. (21 SEP 80) 0768	10 TOM, PING YICK (30 AUG 79) 0775	10 LEE, BUNG KELL (25 MAY 86) 0481	10 [redacted]	10 LEUNG, KUNG Y.	10 (DONATION) 0428	10
11 LIANG, HE LI (9 NOV 81) 0782	11 HOM, MAN F.	11 SEKTO, LEE (22 JAN 82) 0780	11 TOM, PING YING (26 AUG 83) 0775	11 LEE, GUMBO (19 OCT 78) 0493	11 QUON, KWOK S.	11 [redacted]	11 (DONATION) 0428	11
12 [redacted]	12 MO-TUNG, TUNG (3 JUL 81)	12 LEE, ROY (DEC 26, 84) 0802	12 QUON, LAURENCE (14 AUG 78) 0434	12 WONG, PAK 0411	12 LEW, WING DON (21 FEB 82) 0779	12 LEW, BOK D. 0366	12 YU, S. ZHANG (3 DEC 78 0825	12
13 WONG, SAN LAU 17 [illegible] 0884	13 [redacted]	13 [redacted]	13 QUON, LESLIE (17 JUN 77) 0434	13 HOM, CHONG C.	13 LEW, CHOW CHONG (19 AUG 84) 0779	13 LEW, — 0366	13 [redacted]	13
14 DU [illegible] THC. 0864	14 ESQUIBEL, JOE E. 0816	14 [redacted]	14 QUON, LUCY (17 MAY 99) 0434	14 [redacted]	14 YU, CHUNG KHONG (9 JUN 82) 0781	14 LEW, BOK S. 0364	14 HOM, PAK S.	14 WONG, LAI K.

E19916

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

pg 66

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NHAN	THIU	NHAM	04/04/1940	09/30/2006	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	NU NGO, HUSBAND 1947 PRIVADO GLEN ESCONDIDO, CA 92029

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL, 3953 IMPERIAL AVE SAN DIEGO, CA 92113	FD670	▶ Joshua Cutler	10/03/2006

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

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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	10/03/2006	▶ 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)

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 10-5-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jeong	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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 — VS9a (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 (NON-Res)

Date 10-02-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aline W. Johnson 230468

in a Liner (Type of Burial Container) Funeral, date, time Thurs Oct 5, 2006 11:00

(Church) Chapel, Graveside _____ ; SA memorial Mortuary. Sheila 695-3090

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. $283.00 X

Division 11 Section 2 Blk/Row _____ Lot 51 Grave 8

Grave space & Care Fund	$3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$ 708.00
Burial Container Liner PAID	$ 359.00
Handling Fees	$ 275.00
Flower vases – Marker setting fee OCT 03 2006	0
Recording/Filing/Transfer Fees	$ 85.00
Sales taxes MOUNT HOPE CEMETERY	$ 27.82
Total Due	$4,465.82
Paid receipt number pd by phone on Visa	$4,465.82
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

(702) 363-4639
Daughter! Arnetta F. James
Fax (702) 364-9997

X see attach
Print Name

X for signature
Address

X
City Zip Code

X
Telephone

230469
Invoice # _____

Work Order # E-19917

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Good Bunker mort. Las Vegas
Fax (702) 388-7307
385-1441

Daughter Louise
(702) 642-8372

10-2-06
The liner was pick and buy mr Ray Wallace

(Daughter)
Arnetta F. James
8524 Copper Ridge Ave
Las Vegas, NV 89129

E19917

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

DATE: 10/03/06 TIME: 09:27:49
MERH: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 183
CD TYPE: VISA
TR TYPE: MP

TOTAL: $4465.82M

ACCT: ************8288 EXP: ****
AP: 024688

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

10-3-06 pd by phone
by Arnetta F. James
(702) 363-4639
For At Need Services
For Aline W. Johnson
Div 11 sec 2 LOT 51
GR- 8
E-19917

E19917

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

619 527-3463

AT-need (NON-Res)

Date 10-02-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aline W. Johnson

in a Liner (Type of Burial Container) Funeral, date, time Thurs Oct 5, 2006 11:00

(Church) Chapel, Graveside : SA memorial Mortuary. Sheila 693-3090

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.60 will be applied and billed to undersigned $283.00 X

Division 11 Section 2 Blk/Row ____ Lot 51 Grave 8

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 phone on visa	$4,465.82
Balance due	0

PAID
OCT 03 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: X

(702) 363-4639

Daughter: Finetta F. James

Fax (702) 364-9997

Work Order # E-19917

X Finetta James

X 8524 Copperridge

X Las Vegas NV 89129

X 702-362-4639

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

E19917

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

			#2	#3	#4 Bradford John	#5
	LOT-50 GR-12 Traylor Bridge	[illegible] #7 Wesley	GR-8 X			

7 legal (yes)

Blind Check ~~Initiated~~ By: Sandra Date: 10-3-06

Interment space for: Aline W Johnson

Interment Date: Thurs Oct 5, 06 Time: 11:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 51 Gr: 8

Grave Laid out by: NORM & DARLENE

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Norman Date: 10/3/06

CREMAINS WERE PLACED ____

E19917
pg 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
ALINE	W.	JOHNSON	05/17/1926	09/29/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LAS VEGAS	NEVADA	ARNETTE JAMES-DAUGHTER 8524 COPPERRIDGE, LAS VEGAS, NEVADA, 89101

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE., SAN DIEGO, CA 92104	FD-1575	▶	10/04/2006

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	10/04/2006 C. SHIELDS	▶ 2605170

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED: 10-5-06	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.

At need non-Res.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/2/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Linda nell Gibson Pin 230447

in a Double Depth "A" (Type of Burial Container) Funeral, date, time Friday, OCT 6, 2006

Church, Chapel, Graveside _____ : Anderson Bagsdale 1:00 pm 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. JG

Division 12 Section 1 Blk/Row _____ Lot 52 Grave 7

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup x2	1,416.00
Burial Container	717.00
Handling Fees	604.00
Flower vases - ~~Flat~~ galv. WO 5206 Marker setting fee	43.47
Recording/Filing/Transfer Fees x2	170.00
Sales taxes	55.57
Total Due	6,017.04

PAID OCT 02 2006 MOUNT HOPE CEMETERY

Paid receipt number Pd by M/C $6,017.04

AP005476

Balance due Ø

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.

230446

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

Johnnie L. Gibson
Signature

Maria Dovensky

Johnnie L. Gibson
Print Name

91 Deerpark Ln
Address

American Canyon, CA 94503
City Zip Code

(707) 643-6139
Telephone

Invoice # _____

Work Order # E-19918

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19918

E-19918 At-Need for
Linda Nell Gibson
(Non-Res)

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

DATE: 10/02/06 TIME: 14:05:28
MERH: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0006
BATCH: 101
CD TYPE: MC
TR TYPE: PR

TOTAL: $6017.04

ACCT: **********5333 EXP: ****
AP: 005476
NAME: JOHNNIE GIBSON
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 Johnnie J. Gibson

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E19918

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

						#4 Bosley Kenneth #10
			#7 X	#8	#9 Luis F. Perez	

Blind Check Initiated By: Sandra (7 flagged for) Date: 10-2-06

Interment space for: Linda Nell Gibson

Interment Date: Friday OCT 6, 06 Time: 1:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 52 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: KEVIN Date: ____

CREMAINS WERE PLACED ____

E19918
pg 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
LINDA	NELL	GIBSON	09/25/1944	09/28/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VALLEJO	SOLANO	JOHNNIE LEE GIBSON HUSBAND 91 DEEPARK LANE. AMERICAN CANYON, CA 94503

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
THOMPSON FUNERAL HOME 9900 INTERNATIONAL BLVD. OAKLAND, CA 94603	FD-1219	▶ [signature]	10/04/2006

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	10/4/06	▶ [signature] M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
355 TUOLUMNE ST. VALLEJO, CA 94590	3851 ROSE CRANS ST. SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA., 92102	11B. DATE BURIED 10-6-06	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 IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
[redacted]ATTERING/BURIAL AT SEA OR [redacted]OSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

In grave with Warren Hubbard

Date 10-2-06

Arrival per Kevin 3,'10

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Hubbard 76?

in a DD CRYPT "B" (Type of Burial Container) Funeral, date, time Weds Oct. 4 7:00

Church, Chapel, Graveside MT. Erie ; Anderson-Rogstad Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 12 Grave 10

Grave space & Care Fund E-17551 (2003)	0
Overtime/Late Arrival Fees	0
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-59792	598-
Balance due	0

PAID

OCT 02 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

DP 3822537

Mailed statement for late arrival payment on 10/5/06

Work Order # E-19919

_____
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

Late fee is due $213.00

E19919

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Warren Hubbard

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

		Mayes	Combs			
Stinnett		Marshall	X			Howard
			Hoerl	Richardson	Jones	

Blind Check Initiated By: Paulette Date: 10-2-06

Interment space for: Mary Hubbard

Interment Date: Weds Oct 4 Time: 1:00 Church

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

Grave Laid out by: Darryl

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: KEVIN Date: ____

CREMAINS WERE PLACED ____

E19919

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
MARY	HELEN	HUBBARD	12/25/1937	09/28/2006	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	TERRIE L. HUBBARD, DAUGHTER 9045 ILDICA STREET SPRING VALLEY, CA 91977-3553

7A. TYPED NAME AND ADDRESS OF 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		10/02/2006

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	10/03/2006	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
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 10-4-06	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 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.12/94)

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.
12 Chairs
2 Urns

Date 10/2/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beverly Avery Pin 227676

in a T.S. vault (Type of Burial Container) Funeral, date, time Mon. at 9 11:00

Church, Chapel, Graveside Oceanside Mortuary E.S.

760-722-4264 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 10 Section _____ Blk/Row _____ Lot 1465 Grave _____

Grave space & Care Fund ..... E 18406 (pd 4-6-2004) ..... Ø

Overtime/Late Arrival Fees ..... —

Opening/Closing & Setup ..... —

Burial Container T. S. vault ..... —

Handling Fees ..... —

Flower vases – Marker setting fee ..... —

Recording/Filing/Transfer Fees ..... —

Sales taxes ..... —

fax 760 722 2953

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 _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

See Attached

Invoice # _____

Work Order # E-19920

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19920

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need, 12 Chairs

Date 10/2/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beverly Avery Pin 227676

in a T.S. Vault (Type of Burial Container) Funeral, date, time Mon. Oct 9 11:00

Church, Chapel, Graveside Oceanside Mortuary G.S.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 760-722-9264 MARK

will be applied and billed to undersigned.

Division 10 Section ____ Blk/Row ____ Lot 1465 Grave ____

Grave space & Care Fund E 18406 (pd 4-6-2004)	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container T.S. Vault	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	0
Paid receipt number	—
Balance due	0

fax 760 722 2953

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 Sandy Dennis
Signature

X SANDY DENNIS
Name

X 16600 Downey Ave #9
Address

X Paramount, CA. 90723
City Zip Code

X 562-305-8028
Telephone

Invoice # ____

Work Order # E-19920

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

E19920

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

			Jordan			
		Shuford	X	Woof	Martin	Martin
			Reeves			

Blind Check Initiated By: Paulette Date: 10/3/06

Interment space for: Beverly Avery

Interment Date: Mon Oct 9 Time: 11:00 G.S.

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1465 Gr: ____

Grave Laid out by: Norma Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E19920

2006 1933 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
BEVERLY	JOYCE	AVERY	08/02/1933	10/01/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
OCEANSIDE	SAN DIEGO	MICHAEL CAMPBELL, SON 5740 TEX STREET LA MESA, CA 91492

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
OCEANSIDE MORTUARY, 602 S COAST HWY OCEANSIDE, CA 92054	FD253

ACKNOWLEDGEMENT OF APPLICANT	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
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.	▶ John S	10/05/2006

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	10/05/2006	▶ 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
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKEY STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10-9-06	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

COPY 2 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9a (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.)

pre-need
(Res) Trust
TS vault - Full body
+ Ash vault - cremation

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-3-06

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

#230415 Yee Hui-Lao Fung + Jason LAO #230414

in a TS vault & Ash Vault 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. _____

Chinese area

Division 11 Section 2 Blk/Row _____ Lot 161 Grave 5

Grave space & Care Fund E-19408 (2005) 0

Overtime/Late Arrival Fees .....

Opening/Closing & Setup ..... Ash o/c $149.00 - Full body o/c $533.00 ..... $682.00

Burial Container ..... Ash vault $79.00 + TS vault $355.00 ..... $434.00

Handling Fees ..... Ash - $85.00 TS - $263.00 ..... 348.00

Flower vases - Marker setting fee $178.00 12x24x3 ..... $178.00

Recording/Filing/Transfer Fees ..... 2 R/F @ $65.00 ..... $130.00

Sales taxes ..... Ash - $6.12 + TS tax $27.51 ..... $33.63

PAID

Total Due $1,805.63

P-01618 NOV 3 2008

Paid receipt number pd by Visa AP 05419A $361.00

Balance due $1,444.63

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

#230414

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

X Jason Lao
Print Name

Signature X Jason Lao

4224 Ridgeview Dr
Address

San Diego CA 92105
City Zip Code

619-262-5983
Telephone

Invoice # _____

Work Order # E-19921

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19921

CALIFORNIA
DRIVER LICENSE
E0604700
CLASS:C M1
JASON LAO
2129 RIDGE VIEW DR
SAN DIEGO CA 92105
SEX:M
HAIR:BLK
HT:5-03
WT:130
DOB:08-18-45
07/01/2005 519 C1 FD/10

E19921

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

DATE: 10/03/06 TIME: 12:18:47
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 183
CD TYPE: VISA
TR TYPE: PR

TOTAL: $361.00

ACCT: **********7466 EXP: ****
AP: 05419A
NAME: JASON LAO
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

Down payment
Pre-Need Trust For
Yee Hui Lao Fung &
JASON LAO
E-19921
Chinese area
DIV 11 SEC 2 LOT 161 GR 5
ASh Vault + TS Vault
1-Full body & 1 Cremation
Burial For both Trust

E19921

Ash o/c $149.00 } $682.00
Full body o/c 533.00 }

B/C Ash vault $79.00 } $434.00
B/C TS vault $355.00 }

H/F Ash $85.00 } $248.00
H/F TS $163.00 }

R/F - 2 } $130.00

tax Ash $6.12 } $33.63
tax TS $27.51 }

marker setting fee $178.00

$1,805.63

Down payment - 361.00

Balance $1,444.63

$361.00 To Trust

63033
77186

E19921

美國山姐咕埠中華會館

Chinese Consolidated Benevolent Association

0972

428 THIRD STREET

SAN DIEGO, CALIF., U. S. A.

會員委款籌辦人華
市哥干地聖
公司款捐
Chinese Cemetery Financing Committee

美國山姐咕埠中華會館

DATE 16 Sept 2005

$ Family

姓名 Ms. Fung, Yee Hui Lao 劉許鳳儀

住址 2129 Ridge View DR. SD 92105

經費 CHINESE AREA Section #2 GRAVE #5
Division #11 LOT #161 $ 1,200

收款人簽名 Albert Wong. CCSA Coordinator

E19921

MOUNT HOPE CEMETERY (CHINESE AREA)

Date: 18 Sept 2006

The undersigned hereby requests and authorizes the interment of the remains of

Ms. Fung, Yee Hui Lao in Lot #161, Gr #5, Row —, Sec. CHINESE, Sec (2)
(NAME) 李 Family

Block/Division #11 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability and account of said authorization and interment.

華人墳場籌款委員會
聖地牙哥市
Chinese Cemetery Committee

國表
咕姐山
全會館

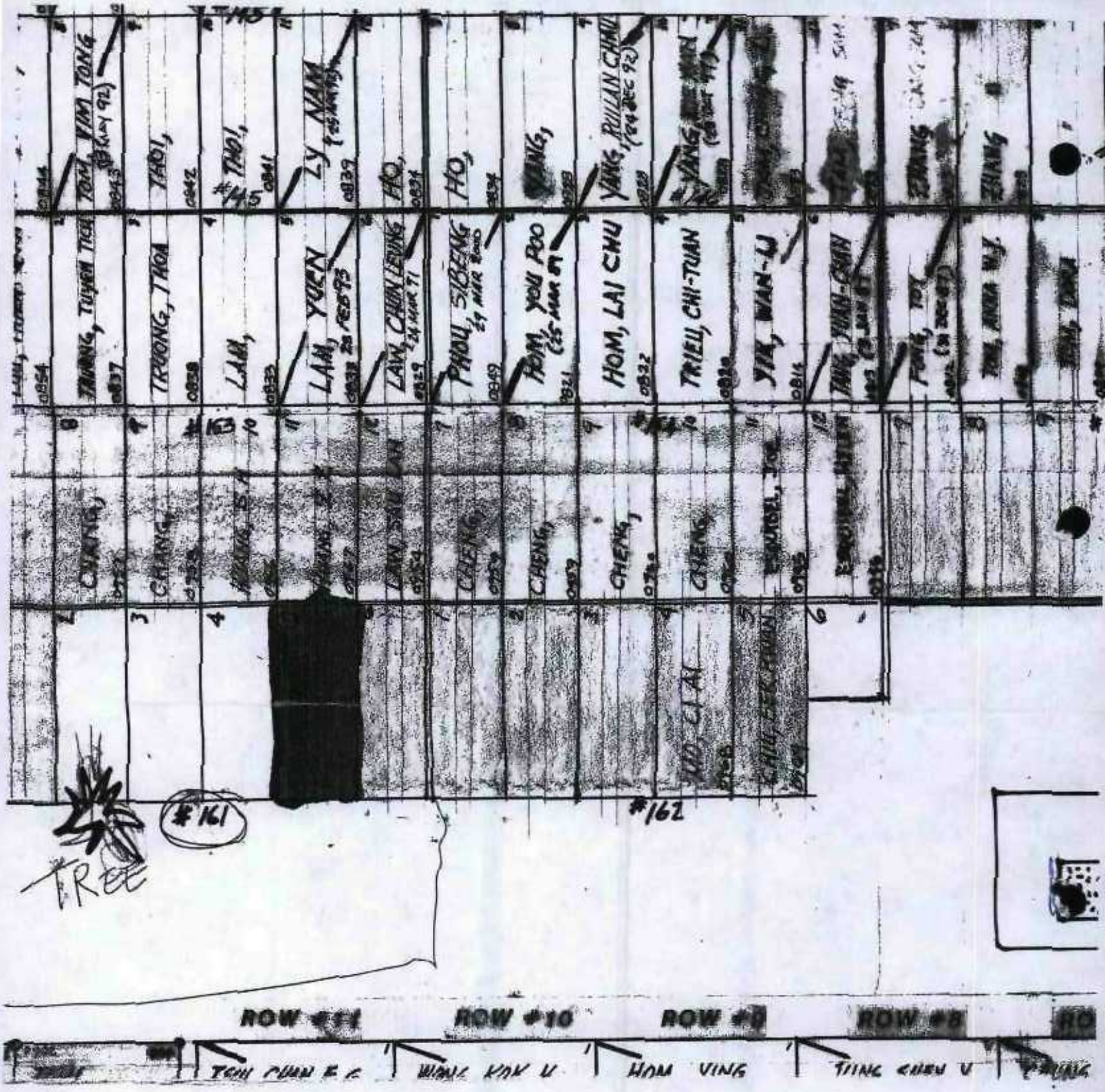
Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

(Signature)

Albert Wong Chairman
(Print name & title)

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Inc., Owners.



			0854	0844
2	CHANG,	8	TRUONG, TUYEN TICH	TOM, YIM TONG (13 MAY 92)
	0757		0837	0843
3	CHANG,	9	TRUONG, THOA	THOI,
	0758		0838	0842
4	HUANG, B.H	10	LAM,	THOI,
	0766		0833	0841
[redacted]		11	LAM, YUEN	LY, NAM (25 APR 92)
	0767		0838 28 FEB 93	0839
	LAW, SAU LAN	12	LAW, CHUN LEUNG	HO,
	0754		0829 24 MAR 91	0834
1	CHENG,	7	PHOU, SIBENG	HO,
	0759		0849 29 MAR 2000	0834
2	CHENG,	8	HOM, YOU POO (25 MAR 89	YANG,
	0759		0821	0828
3	CHENG,	9	HOM, LAI CHU	YANG, RUILAN CHAU (24 DEC 92)
	0760		0822	0828
4	MO, CI AI	10	TRIEU, CHI-TUAN	YANG, [illegible] (28 OCT 97)
	0768		0820	
5	CHIU, BEK RWAN	11	YIK, WAN-LI	[illegible]
	0769		0814	
6		12	TANG, YUAN-CHAN	[illegible]
			0815 (3 JAN 87)	
		9	FONG, TOY	ZHANG [illegible]
			0812 (31 DEC 87)	
		8	TOM, ANNA W.Y.	ZHANG
			0818	0828
		9	TOM, DORA	
			0822	

#161

#162

ROW #11 ROW #10 ROW #9 ROW #8 RO

TOM CHAN E.C. WONG KOK U HOM VING TING CHEU U

E19921

E19921

OFFICIAL RECEIPT

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

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

P 012[illegible]

Date: 6-2 .20 08

From: Jason Lacoo Address: on file

Dollars ($ 60-)

in Plot Payment of Pre-need trust.

Div 11 Sec 2 Blk/Row ____ Lot 161 Grave 5

Invoice No. E-19921

Acct. No. ____

W.O. ____

BALANCE DUE $ 304.63

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

PAID

JUN 2 2008

MOUNT HOPE CEMETERY

ISSUED BY PC.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60-
Trust	77186	

TOTAL PAID $ 60-

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

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

20412 66134

E19921

OFFICIAL RECEIPT

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

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

P 01207

Date: 4/14 .2008

From: Jason Lao Address: on

Dollars ($ 60—)

in Part Payment of Pre-need trust. Coupon Ø

Div Chinese (11) Sec 2 Blk/Row _____ Lot 161 Grave 5

Invoice No. E-19921

Acct. No. _____

W.O. _____

BALANCE DUE $ 364.63

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

PAID

APR 14 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60 —
Trust	77186	
TOTAL PAID		$ 60 —

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 208457987

AC-212 (11-05)

This information is available in alternative formats upon request.

E19921

OFFICIAL RECEIPT

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

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

P 01159

Date: 3/6, 20 08

From: Jason Lao Address: on file

Dollars ($ 60.-)

in part Payment of PN trust payment (20 Coupon)

Div 11 Sec 2 Blk/Row Lot 161 Grave 5

Invoice No. E-19921

Acct. No.

W.O.

BALANCE DUE $424.63

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

PAID

MAR 06 2008

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60-
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge 2008298585

☐ Check ISSUED BY paulette c.

TOTAL PAID $ 60-

AC-212 (11-05)

This information is available in alternative formats upon request.

E19921

OFFICIAL RECEIPT

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

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

P 01129

Date: 2-7, 20 08

From: Yason Lao Address: On file

Sixty and 00 Dollars ($ 60 —)

in part Payment of Pre-need trust

Div 11 Sec 2 Blk/ Row Lot 161 Grave 5

Invoice No. E-019921

Acct. No.

W.O.

BALANCE DUE $ 484.63

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

PAID

FEB 7 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60. —
Trust	77186	

TOTAL PAID $ 60 —

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 0062690816

AC-212 (11-05)

This information is available in alternative formats upon request.

E19921

OFFICIAL RECEIPT

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

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

P 01111

Date: 1/17 , 2008

From: Jason Lao Address: on file

Dollars ($ 60-)

in part Payment of PN trust

Div 11 Sec 2 Blk/Row Lot 161 Grave 5

Invoice No. E-019921

Acct. No.

W.O.

BALANCE DUE $ 544.63

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

PAID

JAN 17 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60 —
Trust	77186	
TOTAL PAID	$	60 —

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☐ Check 0059105420

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

E19921

OFFICIAL RECEIPT

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

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

P 01093

Date: 1/3, 2008

From: Jason Lao Address: on file

Sixty and 00 Dollars ($ 60 -)

in part Payment of Pre-need trust. No Coupon

Div II Sec 2 Blk/Row ~ Lot 161 Grave 5

Invoice No. E 19921

Acct. No.

W.O.

BALANCE DUE $ 604.63

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

PAID

JAN - 3 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60 -
Trust	77186	
TOTAL PAID		$ 60 -

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check

AC-212 (11-05) 005425602

This information is available in alternative formats upon request.

E19921

OFFICIAL RECEIPT

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

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

P 01058

Date: 11/29, 20 07

From: J. Cao Address: on file

Dollars ($ 60 -)

in Part Payment of

Div 11 Sec 2 Blk/Row Lot 161 Grave 5

Invoice No. E-19921

Acct. No.

W.O.

BALANCE DUE $ 664.63

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

PAID

NOV 29 2007

MOUNT HOPE CEMETERY

ISSUED BY PC

CREDIT	67007		
20% Sales Care	77184	60	—
Pre-Need	63033		
Trust	77186		
TOTAL PAID	$	60	—

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check

0041727919

AC-212 (11-05)

This information is available in alternative formats upon request.

E19921

OFFICIAL RECEIPT

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

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

P 01013

Date: 10/18, 2007

From: J. Lao Address: on file

Sixty and no/100 Dollars ($ 60—)

in Part Payment of Pre-need Coupon #12

Div 11 Sec 2 Blk/Row ____ Lot 167 Grave 5

Invoice No. E-19921

Acct. No. ____

W.O. ____

BALANCE DUE $ 724.00

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

PAID

OCT 18 2007

MOUNT HOPE CEMETERY

ISSUED BY PC

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60—
Trust	77186	
TOTAL PAID	$	60—

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 0029944098

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

E19921

P 00953

OFFICIAL RECEIPT

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

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

Date: Aug. 29, 2007

From: Jason Lao Address: On file

Dollars ($60 -)

in part Payment of Preneed Trust.

Div 11 Sec 2 Blk/Row _____ Lot 161 Grave S

Invoice No. E-19921

Acct. No. _____

W.O. _____

BALANCE DUE $ 784.63

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

PAID

AUG 29 2007

ISSUED BY Paulette C.
MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60. —
Trust	77186	
TOTAL PAID	$	60 —

☐ Pre-Need Lot
☑ Pre-Need Trust
☐ Money Order
☐ Charge
☑ Check 0012444679

AC-212 (11-05)
This information is available in alternate format upon request.

E19921

P00907

OFFICIAL RECEIPT

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

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

Date: 7-23 , 2007

From: Jason Lao Address: 2129 RIDGEVIEW DR. S.D. CA 92105

Sixty $ NO/100 Dollars ($ 60 00)

In part Payment of Payment #10

Div 11 Sec 2 Blk/Row Lot 161 Grave 5

Invoice No.

Acct. No. E019921

W.O.

BALANCE DUE $ 544.63

☐ 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 23 2007

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	60	—
Trust	77186		
TOTAL PAID		$ 60	—

OFFICIAL RECEIPT

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

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

P00878 E19921

Date: 6-27, 20 07

From: Jason Lao Address: On file

Sixty Dollars ($ 60-)

in part Payment of Pre-need trust.

Div 11 Sec 2 Blk/Row ____ Lot 161 Grave 5

Invoice No. E-19921

Acct. No. ____

W.O. ____

BALANCE DUE $904.63

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

PAID

JUN 27 2007

MOUNT HOPE CEMETERY

ISSUED BY pc

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60 —
Trust	77186	
TOTAL PAID		$ 60 —

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

009043583

OFFICIAL RECEIPT

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

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

P00832 E19921

Date: May 18, 2007

From: Jason Lao Address: on record

Sixty and 00/00 Dollars ($ 60.-)

in part Payment of PN Trust, No coupon

Div 11 Sec 2 Blk/Row Lot 101 Grave S

Invoice No. E-199

Acct. No.

W.O.

BALANCE DUE $ 964.68

☐ 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

MAY 18 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	60-
Pre-Need	63033	
Trust	77186	
TOTAL PAID		$ 60-

0011393854

OFFICIAL RECEIPT

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

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

P00799 E19921

Date: 4/23 , 2007

From: Leo, Jason Address: On record

Sixty and 00/00 Dollars ($ 60—)

In part Payment of PN TRUST - NO COUPON - 7th payment

Div 11 Sec 2 Blk/Row Lot 161 Grave 5

Invoice No. E-19921

Acct. No.

W.O.

BALANCE DUE $ 1024.63

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

PAID

APR 23 2007

MOUNT HOPE CEMETERY

ISSUED BY P.C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60 —
Trust	77186	
TOTAL PAID	$	60 —

☐ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☐ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

0066441682

OFFICIAL RECEIPT

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

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

P00764 E19921

Date: 3/27, 20 07

From: Jason Lau Address: on record
Sixty and 00/100 Dollars ($ 60.-)
in part Payment of PN Trust, No Coupon, 6th payment.
Div 11 Sec 2 Blk/Row Lot 161 Grave 5
Invoice No E-19921
Acct. No.
W.O.
BALANCE DUE $1,084.63

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

PAID

MAR 27 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	60.-
20% Sales Care	77164	
Pre-Need	63033	
Trust	77166	
TOTAL PAID		$ 60.-

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

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

00 55483615

OFFICIAL RECEIPT

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

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

P00723 E19921

Date: 2/28 , 2007

From: Jason Lao Address: on record

Sixty and 00/00 Dollars ($ 60.-)

in part Payment of Pre-need TRUST, NO COUPON

Div 11 Sec 2 Blk/Row Lot 61 Grave 5

Invoice No. E:019921

Acct. No.

W.O.

BALANCE DUE $1,144.63

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

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

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

PAID

FEB 28 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60 —
Trust	77186	
TOTAL PAID		$ 60 —

E19921

OFFICIAL RECEIPT

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

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

P 00665

Date: 1/23, 20 07

From: Jason Lao Address: on record

Dirty and 00/00 Dollars ($ 60.-)

in part Payment of Pre-need trust no coupon

Div Chinese (11) Sec 2 Blk/Row ____ Lot 161 Grave 5

Invoice No. E-19921

Acct. No. ____

W.O. ____

BALANCE DUE $1,204.63

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

PAID

JAN 2 2 2007

MOUNT HOPE CEMETERY

ISSUED BY Patricia C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60 -
Trust	77186	

TOTAL PAID $ 60 -

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 0028343853

AC-212 (11-05)

This information is available in alternative formats upon request.

E19921

OFFICIAL RECEIPT

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

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

P 00627

Date: 12-18, 20 06

From: Jason Lao Address: on record

Sixty and 00/00 Dollars ($ 60 -)

in part Payment of pre-need for ash + full body no coupon

Div 11 Sec 2 Blk/Row Lot 161 Grave 5

Invoice No. E01992

Acct. No.

W.O.

BALANCE DUE $ 1264.63

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

PAID

DEC 18 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60 -
Trust	77186	

TOTAL PAID $ 60 -

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check

AC-212 (11-05) 0 0 160 3 0623

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 00582
E19921

Date: 11 - 22 , 20 06

From: Jason Lao Address: On Record

Sixty and 00 Dollars ($ 60.-)

in part Payment of Pre-need

Div ____ Sec ____ Blk/Row ____ Lot ____ Grave ____

Invoice No. E019921

Acct. No. ____

W.O. ____

BALANCE DUE $1,324.63

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

PAID

NOV 28 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	60 —
Pre-Need	63033	
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 000666809

ISSUED BY Paulette

TOTAL PAID $ 60 —

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

E19921

OFFICIAL RECEIPT

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

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

P 00533

Date: 10/20, 20 06

From: Jason Tao Address: on record

Sixty and 00 Dollars ($ 60-)

in Part Payment of Pre-need trust on Ash burial

Div 11 Sec 2 Blk/Row ____ Lot 161 Grave 5

Invoice No. E019921

Acct. No. ____

W.O. ____

BALANCE DUE ~~E019921~~ $ 1384.63

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check

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

PAID

OCT 20 2006

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60-
Trust	77186	
TOTAL PAID		$ 60-

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

MOUNT HOPE
56-1551

E1992 1

OFFICIAL RECEIPT

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

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

P 01354

Date: 8/11, 20 08

From: Jason Lao Address: on file

Sixty and 00 Dollars ($ 60—)

in part Payment of Pre need trust (NO COUPON)

Div 11 Sec 2 Blk/Row Lot 161 Grave 5

Invoice No. E-19921

Acct. No.

W.O.

BALANCE DUE $124.63

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

PAID

AUG 11 2008

MOUNT HOPE CEMETERY

ISSUED BY PC.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	69033	60—
Trust	77186	
TOTAL PAID	$	60—

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2107513371

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

P01518 E19921

Date: 11/3, 2008

From: Jason LAO Address: on file

Four dollars and 63/00 Dollars ($ 4.63)

in Full Payment of Balance due of $ 4.63 for pre-need trust.

Div 11 Sec 2 Blk/Row _____ Lot 161 Grave 5

Invoice No. E-19921

Acct. No. _____

W.O. _____

BALANCE DUE Ø

☐ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check 2114890171

AC-212 (2-08)

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

PAID

NOV 3 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	4.63
TOTAL PAID	$	4.63

E 19921

OFFICIAL RECEIPT

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

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

P 01447

Date: 10/21, 20 08

From: Jason Zao Address: on file

Sixty and 00 Dollars ($ 60 —)

in part Payment of Pre-need Trust I

Div 11 Sec 2 Blk/Row ____ Lot 161 Grave 5

Invoice No. E - 19921

Acct. No. ____

W.O. ____

BALANCE DUE Bal. 54.63

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

PAID

OCT 21 2008

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60 —
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 2112530268 ISSUED BY PC.

TOTAL PAID $ 60 —

AC-212 (11-05)

This information is available in alternative formats upon request.

E19921

OFFICIAL RECEIPT

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

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

P 01393

Date: 9/8, 20 08

From: Jason Lao Address: on file

Sixty and 00 Dollars ($ 60 -)

in Park Payment of Pre-need trust

Div 11 Sec 2 Blk/Row ____ Lot 161 Grave 5

Invoice No. E-19921

Acct. No. to

W.O. ____

BALANCE DUE $124.63

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

PAID

SEP 08 2008

MOUNT HOPE CEMETERY

ISSUED BY pc

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60 -
Trust	77186	

TOTAL PAID $ 60 -

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check

AC-212 (11-05) 2106053432

This information is available in alternative formats upon request.

E19921

OFFICIAL RECEIPT

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

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

P 01321

Date: 07/18 , 20 08

From: Jason Lao Address: on file

Sixty and 00/100 Dollars ($ 60.-)

In Part Payment of Pre-need trust. No coupons, mailed in payment.

Div 11 Sec 7 Blk/Row - Lot 161 Grave 5

Invoice No. E-19921

Acct. No.

W.O.

BALANCE DUE $ 184.63

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

PAID

JUL 18 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60.-
Trust	77186	

TOTAL PAID $ 60.-

☐ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check

AC-212 (11-05) 2098716495

This information is available in alternative formats upon request.

E1992 1

OFFICIAL RECEIPT

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

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

P 01254

Date: 6-2 , 20 08

From: Jason Laoo LAO Address: on file

Dollars ($ 60-)

in Part Payment of Pre-need trust.

Div 11 Sec 2 Blk/Row Lot 161 Grave 5

Invoice No. E-19921

Acct. No.

W.O.

BALANCE DUE $ 304.63

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

PAID

JUN 2 2008

MOUNT HOPE CEMETERY

ISSUED BY P.C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60-
Trust	77186	

TOTAL PAID $ 60-

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

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

20912 66134

E19921

OFFICIAL RECEIPT

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

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

P 01264

Date: 6/5, 20 08

From: Jason Lao Address: on file

Sixty and 00/00 Dollars ($ 60-)

in part Payment of pre-need trust.

Div 11 Sec 2 Blk/Row ____ Lot 161 Grave 5

Invoice No. E-019921

Acct. No. ____

W.O. ____

BALANCE DUE $ 244.63

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

PAID
JUN 5 2008
MOUNT HOPE CEMETERY

ISSUED BY Paula R.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	60 —
Trust	77186	
TOTAL PAID	$	60 —

☐ Pre-Need Lot ☐ Money Order
☒ Pre-Need Trust ☐ Charge
☒ Check 2094

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

209220122

E19921

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

DATE: 10/03/06 TIME: 12:18:47
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 183
CD TYPE: VISA
TR TYPE: PR

TOTAL: $361.00

ACCT: ************7466 EXP: ****
AP: 05419A
NAME: JASON LAO
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

Down payment
pre-need Trust For
Yee Hai Lao Fung &
Jason LAO
E-19921
Chinese area
Div 11 sec 2 LOT 161
Ash vault + TS vault
1-Full body & 1 cremation
Burial For both Trust

E19921

Ash o/c $149.00
Full body o/c 533.00
} $682.00

B/C Ash vault $79.00
B/C TS vault $355.00
} $434.00

H/F Ash $85.00
H/F TS $263.00
} $348.00

R/F - 2 $130.00

tax Ash $6.12
tax TS $27.51
} $33.63

Marker setting fee $178.00

$1,805.63

Down payment - 361.00

Balance $1,444.63

$361.00 To Trust

#63033
#77186

Pin# 230414 C/O Purchaser Yee Hui Lao Fung Pin # 230415 E-19921

Lao, Jason 2129 Ridgeview Dr. San Diego, Ca. 92105 619. 262-5983

Div	chinese area (11)	Sec 2	Lot 161	Gr 5	Debit	Credit	Balance
10-03-06	Opened Pre-Need Trust w/20% down, trust to include (2) O/C for Ash & Full body, B/C- Ash Vault & TS Vault, H/F for Ash & TS Vault, (2) R/F, Taxes for Ash & TS Vault & Marker setting fee				$1,805.63	$361.00	$1,444.63
10/20/06	P-00533 ✓ no coupon payment #1 Nov 06					60.00	1384.63
11-22-06	P-00582 ✓ no coupon " #2 Dec 06					60.00	1324.63
12/18/06	P-00627 ✓ " " #3 Jan 07					60.00	1264.63
01/23/07	P-00665 ✓ " " #4					60.00	1204.63
2/28/07	P-00723 ✓ " " #5					60.00	1144.63
3/27/07	P-00764 ✓ " " #6					60.00	1084.63
4/23/07	P-00799 ✓ " " #7					60.00	1024.63
5/18/07	P-00832 ✓ " " #8					60.00	964.63
6/27/07	P-00878 ✓ " " #9					60.00	904.63
7/23/07	P-00907 ✓ " " #10					60.00	844.63
8/29/07	P-00953 ✓ " " #11					60.00	784.63
10/18/07	P-01013 ✓ " " 12					60.00	724.63
11/29/07	P-01058 ✓ #13					60.00	664.63
01/03/08	P-1093 ✓ #14					60.00	604.63
1/17/08	P-01111 ✓ #15					60.00	544.63

LAO, JASON

E-01421 11,2,,161,5

1/17/08	BAL. FORWARDED		544.63
2/7/08	P-01129 ✓	60-	484.63
3-6-08	P 01159 ✓ NO Coupon	60	424.63
4/14/08	P-01207 ✓ " "	60-	364.63
5/2/08	P-01254 " "	60-	304.63
6/5/08	P-01264 ✓ " "	60.-	244.63
7/18/08	P-01321 " "	60-	184.63
8/11/08	P-1354 " "	60-	124.63
9/11/08	P-01393 " "	60-	64.63
10/21/08	P-01447 " "	60-	4.63
11/3/08	P-01518 " "	4.63	0

PAID

NOV 3 2008

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 10-3-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kaseem Hamal Thornes

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

Church, Chapel, Graveside : CA Burial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.- will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 244 Grave 8

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	
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.

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-19922

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

Date 10-3-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise Alice Cross (X) 230466

in a Ash Vault (Type of Burial Container) Funeral, date, time Fri 10-6-06 1:00

Church, Chapel (Graveside) ; Fetherngill Elmer 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. Dorothy L Cross X

Division 8 Section 1 Blk/Row ____ Lot 1485 Grave LLC

Grave space & Care Fund B-8434 1962 0

Overtime/Late Arrival Fees ____

Opening/Closing & Setup $149.00

Burial Container Ash Va PAID $79.00

Handling Fees $85.00

Flower vases (Marker setting fee) OCT 04 2006 $178.00

Recording/Filing/Transfer Fees $65.00

Sales taxes MOUNT HOPE CEMETERY $6.12

Total Due $562.12

Paid receipt number R-59796 562.12

Balance due 0

I hereby certify I am the Dorothy L Cross X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 230467

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

Dorothy L Cross X
Signature

X Dorothy L. Cross
Print Name
X 4461 Menlo Ave #11
Address
X San Diego CA, 92115
City Zip Code
X 619-281-8707
Telephone

Invoice # ____

Work Order # E-19923

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19923

Southern California Crematory

AUTHORIZATION FOR CREMATION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition the remains of LOUISE CROSS
Name of Deceased

Address of Deceased 4461 MENLO AVE. #11 SAN DIEGO
herein after referred to as the "Deceased").

I/We hereby request and authorize FETHERINGILL MORT. (Hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at SOUTHERN CALIFORNIA CREMATORY (hereinafter referred to as the "Crematory").
Name of Funeral Home
Name of Crematory

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

E19923

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

	1483 Frances Leyva		#1485 X	#1486 Dorothy James		1488 Leonard Anderson

7 flagged Yes

Blind Check Initiated By: Sandra Date: 10-04-06

Interment space for: Louise Alice Cross (X)

Interment Date: Fri Oct 06, 2006 Time: 1:00 GS

Div: 8 Sect: 1 Blk/Row: ____ Lot: 1485 Gr: ____

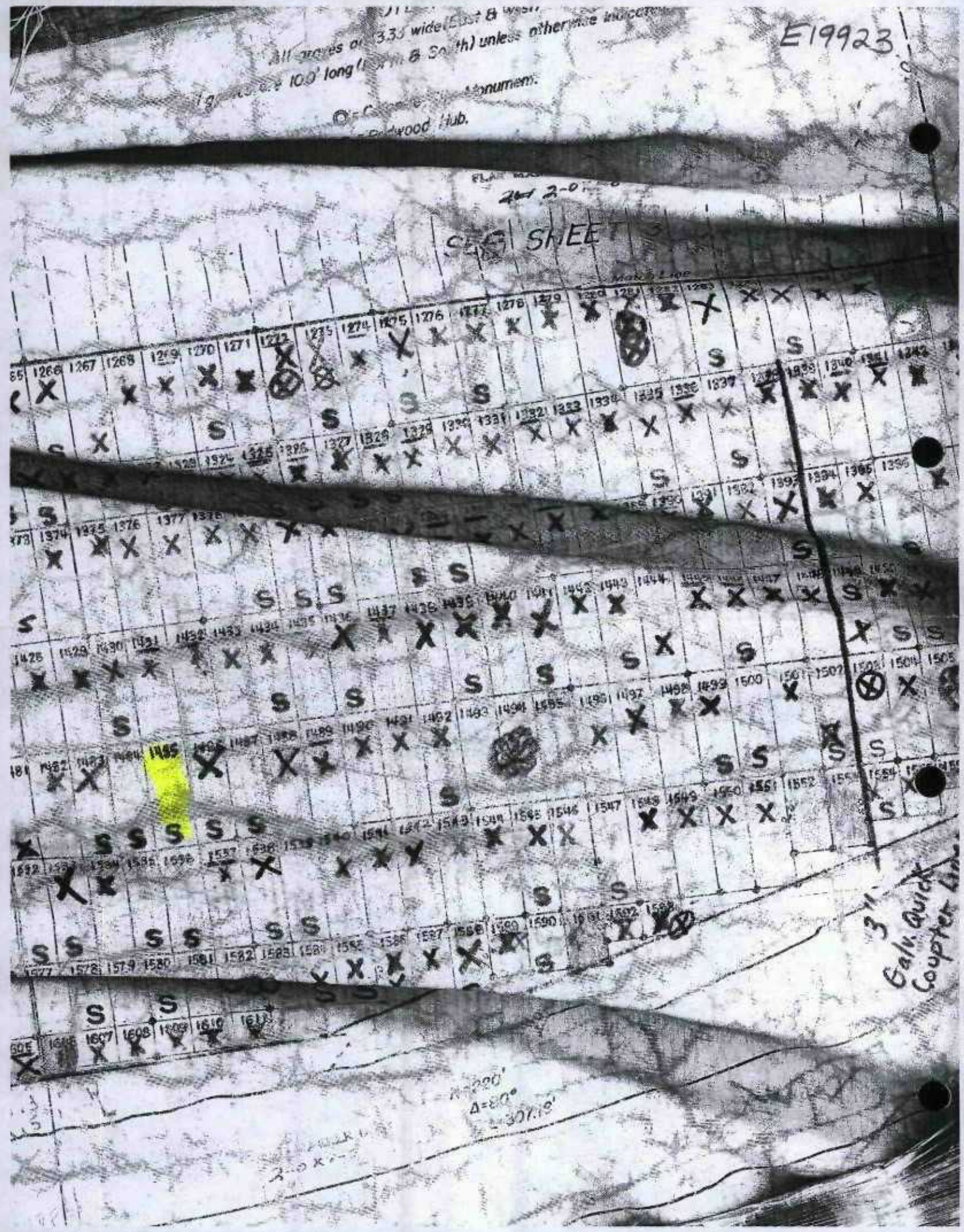
Grave Laid out by: DAVID M.

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED TOP OF GRAVE


E19923
SEG SHEET
Match Line
3" Galv. Quick Coupler Line

age 77 E19923

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 7234-0

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOUISE	ALICE	CROSS	09/09/1929	10/03/2006	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	DOROTHY L. CROSS, DAUGHTER 4461 MENLO ST. #11 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. Donnay	10/04/2006

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	10/04/2006	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
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 10-6-06	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 10-5-06	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 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 — VS9a (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 10/3/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marilyn Snyder 230465

in a Liner (Type of Burial Container) Funeral, date, time Fri. Oct. 6, 2006 10:00

Church, Chapel, Graveside Delivery only : Preferred Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 128 Grave 10

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	286.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	6.50
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R-59793	3358.93
Balance due	0

PAID

OCT 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.

230464

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

X _____
Signature

David Lugo

X _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

See attached faxed copy

Invoice # _____

Acct. # _____

Work Order # E-19924

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19924

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 10/3/06

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

in a Liner (Type of Burial Container) Funeral, date, time Fri Oct 6, 2006 10:00

Church, Chapel, Graveside Delivery Only Preferred Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 128 Grave 10

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-59793	3358.93
Balance due	0

PAID
OCT 04 2006
MOUNT HOPE

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

I hereby authorize the interment in lot I hold under deed

x Bill Spivey
Signature

David Lugo

x BILL SPIVEY
Print Name

x 2102 Castro
Address

x San Francisco 94131
City Zip Code

x 415-285-1478
Telephone

Invoice # _____

Work Order # E-19924

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E19924

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

	CARTER		GARZA	STEVENS		
		PEGG	X	RUIZ		
		GERKIN	HAYFIELD	ROGERS		

Blind Check Initiated By: KEVIN Date: _____

Interment space for: MARILYN SNYDER

Interment Date: FRI 10/6/06 Time: 10AM GRAVESIDE

Div: 12 Sect: 2 Blk/Row: _____ Lot: 128 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 _____

E19924

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MAROLYN	RUTH	SNYDER	05/11/1938	09/10/2006	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 JOLLA	SAN DIEGO	ARTHUR SPIVEY, FRIEND 2102 CASTRO STREET SAN FRANCISCO, CA 94131

7A. TYPED NAME AND ADDRESS OF 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		10/05/2006

ACKNOWLEDGMENT 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	10/03/2006	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
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 10-6-06	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.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9a (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

12 Chairs
At Need
Resident fee

Date 10/04/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kaseem Hamal Thornes #230421

in a Top Seal Vault (Type of Burial Container) Funeral, date, time Mon. OCT 9, 11:00

Church, Chapel, Graveside ; CA Burial Mortuary.

ST. STEPHENS

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

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 244 Grave 8

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	3,507.51
Paid receipt number R-59797	3,507.51
Balance due	Ø

PAID
OCT 05 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]
Signature

Pin 230425

x Lashonquie Thornes
Print Name

3231 SS St.
Address

San Diego Cali 92105
City Zip Code

(619) 501-3556
Telephone

Daulette

Invoice #

Work Order # E-19925

Acct. #

10/13/06 EA-104 (3-04)

This information is available in alternative formats upon request.

Recieved Victim Witness Appl. from Lashonquie (wife) Thornes

E19925

CALIFORNIA
DRIVER LICENSE
B5399080
CLASS C
EXPIRES 03-11-09
KASEEN HAMAL THORNES
323 55TH ST
SAN DIEGO CA 92105
SEX:M
HAIR:BLK
HT:5-07
WT:142
DOB:03-11-75
03/10/2004 SEQ 10 FD/09

E19925

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 VAULT

		FRANKLIN				
		HEYWARD	X			
		WARREN	COLLINS	BLISCOE		

Blind Check Initiated By: KEVIN Date: 10-5-06

Interment space for: KASEEM HAMAL THOMAS

Interment Date: OCT. 9 (MON) Time: 11AM GRAVE

Div: 12 Sect: 2 Blk/Row: ____ Lot: 244 Gr: 8

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 _____

E19925

edule 2 Department of the Treasury - Internal Revenue Service
m 1040A)

Child and Dependent Care Expenses for Form 1040A Filers (99) 2005

OMB No. 1545-0085

Name(s) shown on Form 1040A: LASHONQUIE R THORNES

Your social security number: 571-55-0561

Before you begin: You need to understand the following terms. See **Definitions** on pg 1 of separate instructions.
• **Dependent care benefits** • **Qualifying person(s)** • **Qualified expenses**

Part I Persons or organizations who provided the care

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	JANET SCOTT	4330 ECHO CT LA MESA CA 91941	553-08-5488	4,080.

(If you need more space, use the bottom of page 2.)

You **must** complete this part.

Did you receive **dependent care benefits?**
- **No** → Complete only Part II below.
- **Yes** → Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you must use Form 1040. See **Schedule H** and its instructions for details.

Part II Credit for child and dependent care expenses

2 Information about your **qualifying person(s).** If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) **Qualified expenses** you incurred and paid in 2005 for the person listed in column (a)
LASHAWNTI	THORNES	603-45-8688	2,040.
KASEEM	THORNES	603-04-3905	2,040.

3	Add the amounts in column (c) of line 2. **Do not** enter more than $3,000 for one qualifying person or $6,000 for two or more persons. If you completed Part III, enter the amount from line 26.	3	4,080.
4	Enter your **earned income.** See the list	4	26,345.
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4.	5	26,345.
6	Enter the **smallest** of line 3, 4, or 5	6	4,080.
7	Enter the amount from Form 1040A, line 22.	7	25,750.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is
$0	15,000	.35	$29,000	31,000	.27
15,000	17,000	.34	31,000	33,000	.26
17,000	19,000	.33	33,000	35,000	.25
19,000	21,000	.32	35,000	37,000	.24
21,000	23,000	.31	37,000	39,000	.23
23,000	25,000	.30	39,000	41,000	.22
25,000	27,000	.29	41,000	43,000	.21
27,000	29,000	.28	43,000	No limit	.20

8 x 0.29

9	Multiply **line 6** by the decimal amount on line 8. If you paid 2004 expenses in 2005, see the instructions.	9	1,183.
10	Enter the amount from Form 1040A, line 28.	10	888.
11	**Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040A, line 29.	11	888.

COPY ONLY DO NOT FILE

1040A-Sch 2 (2005) FD2-1V 1.7
Form Software Copyright 1996 - 2005 H&R Block Tax Services, Inc

E19925

Guidelines
Mt. Hope Low-Income Fee Waiver

1. Applicant must be a City of San Diego resident, not *County of San Diego*
2. The Low-income fee waiver is for those San Diego residents who can prove need by submitting proper acceptable documentation such as:
   a. Social Security-Award/Benefit Letter
   b. Internal Revenue (IRS) Tax Return
   c. Health & Human Services Notice of Action (dated within 30 days)
3. The Department of Labor has published the 2006 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

Size of Family	Annual Income
1	$13,980
2	$ 22,900
3	$ 31,440
4	$ 38,810
5	$ 45,800
6	$ 53,560
More than 6	Each additional family member add $7,760

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

E19925

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: Kaseem H. Thomas

* Address: 3131 55. 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.

[signature] Wife 10/3/06

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 _____

[signature] 10/03/06

Approved by Date

Current IRS documents verified on:
Approved By PL
Date 10/3/06

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

E19925

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KASEEM	HAMAL	THORNES	03/11/1975	09/29/2006	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	LASHONQUIE THORNES, WIFE 3231 55TH.,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
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	Kendell Rivas	10/9/2006

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 DISPOBAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	10/05/2006	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)

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 10-9-06	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 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) MFD 10/9/06

Date 10-04-06

LOW INCOME ✓

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Chalon Renee Holloway Pin # 230481

in a LINER (Type of Burial Container) Funeral, date, time Wed. OCT 11, 06 12:00

(Church) (Chapel) Graveside _____ ; CA Burial Claudette 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. X

Division 11 Section 2 Blk/Row _____ Lot 13 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-59798	$1,679.42
Balance due	-.04¢

PAID

OCT 05 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.

X _____
Signature

X Ahilah Smith / Pin # 230443
Print Name

X 3186 Bonita Rd.
Address

X Chula Vista CA 91910
City Zip Code

X 619 852-7718 / 619-426-0129
Telephone

Work Order # E-19926

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19926

CALIFORNIA
IDENTIFICATION CARD
EXPIRES 11-29-11
A1467707
CHALON RENEE HOLLOWAY
4365 LOGAN AVE
SAN DIEGO CA 92113
SEX:F HAIR:BRN
HT:5-07 WT:185 DOB:11-29-67
05/20/2006 613 25 FN/11

Revised June 2006 E19926

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: Chalon Holloway

* Address: 3135 F St B

* 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] Oct 3, 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 _____

Maria G. Broadley 10/4/06

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

E19926

Paradise Valley Hospital
Emergency Room ~Psychiatric Intake
2400 E. Fourth St.
National City, CA 91950
(619) 472-4712 Office (619) 472-4574 Fax

Fax

619.506.6821
Laurie Knight, LCSW

To: AKilah Moss-Smith From: *Emergency Room ~Psychiatric Intake*

Fax: 619.546.7554 Pages: 2 (including Cover Sheet)

Phone: Date: 9/26/06

Re: your request

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

Comments:

For additional info. you can contact the medical records department @ 619.470.4205.

Universal Health

PARADISE VALLEY HOSPITAL

2400 EAST FOURTH STREET, National City, CA 91950-2099, (619) 470-4321

E19926

27402072

PHYSICIAN FACE SHEET

Admit Date/Time	9/25/2006 17:46
Discharge Date/Time	

Patient Name and Address	Phone	Account Number	Medical Record No.
HOLLOWAY, CHALON R 4365 LOGAN AVE SAN DIEGO CA 92113-	619 234-6339	27402072	773994
	Other Phone #:	P/C: 2000 / Service: EMS / Type: E	
	Social Security Number: 554-06-6241	Language: English	

Birth Date	Age	Sex	Marital Status	Religion	Drivers License/ I.D. Number/ State	Race	Room
11/29/1967	038Y	F	S	BAP		02	

Birth Place	Previous/Maiden Name	Spouse	Accom.
CA	DOE		

Relative/Friend: CRAWFORD, NETTIE M	Address: 3135 F STREET	SAN DIEGO, CA 92102	Relation: GRANDMOTHER / Phone: 619 234-6339
Relative/Friend: MOSSSMITH, AKILAH	Address: 4365 LOGAN AVENUE	SAN DIEGO, CA 92113	Relation: DAUGHTER / Phone: 619 234-6339

Doctor Information			Dr. Phone #s
ADM	80988	SADIQ, SADEEQ	(619) 470-4141 (000) (DDD)
REF			
FAM	1799	TUTEUR, JENNIFER	(619) 231-9300

Initial Diagnosis Impression/Statement of Illness/Injury: CPR IN PROGRESS

ACCIDENT INFORMATION	Date:	Type:	Service related to accident:
Location:	Description:		

Patient Employer	Phone:	LMP
UNEMPLOYED @ GENERIC USE EMPLOYER	Occupation: UNEMPLOYED	
	Retirement Date: / /	

CARRIER 1

MEDI-CAL P.O. BOX 15500 SACRAMENTO, CA 958521500		Subscriber Name: HOLLOWAY, CHALON	
		Relation: SELF	Subscriber Birth Date: 11/29/67
Subscriber ID (Cert, SSN, or HIC number): 554066241	Group Name: 3N	Group Number:	Pre-authorization #

CARRIER 2

		Subscriber Name	
		Relation	Subscriber Birth Date
Subscriber ID (Cert, SSN, or HIC number)	Group Name	Group Number	Pre-authorization #

CARRIER 3

Carrier 3 Name / Subscriber / Relation / Policy # / Group #

GUARANTOR

Name	Occupation	Relation	Birth Date	Phone
HOLLOWAY, CHALON R	UNEMPLOYED	SELF	11/29/1967	619 234-6339

Address			Social Security Number
4365 LOGAN AVE	SAN DIEGO	CA 92113	554-06-6241

Guarantor Employer Name and Address: UNEMPLOYED @ GENERIC USE EMPLOYER

Remarks:

Transferring Facility:

Source	Route	Requested By
7	1	TORRESS

001-ARS

DEPARTMENT OF CHILD SUPPORT SERVICES
CALIFORNIA STATE DISBURSEMENT UNIT
P.O. BOX 989063
WEST SACRAMENTO, CA 95798-9063

03CAARS-000003546836

California
Dept of Child
Support Services

04814

HOLLOWAY, CHALON
3135 F ST
SAN DIEGO, CA 92102-3218 USA

Pay to Order Of:	C. HOLLOWAY
Payee Number:	0801523358
Check Number:	0001349085
Check Date:	09/15/2006
Check Amount:	$138.46

IV-D

DESCRIPTION	
PAYOR:MOSS, JEROM WGA PMT RCVD:09-05-2006 COLLECT:09-05-2006	
CHILD SUPPORT OBLIGATION D326199	11.54
PAYOR:MOSS, JEROM WGA PMT RCVD:09-05-2006 COLLECT:09-05-2006	
CHILD SUPPORT OBLIGATION D326199	101.54
PAYOR:MOSS, JEROM WGA PMT RCVD:09-05-2006 COLLECT:09-05-2006	
CHILD SUPPORT OBLIGATION D326199	25.38

Contact us to learn more about receiving your Child Support payments electronically using Direct Deposit at 1-866-325-1010.

DETACH AND RETAIN THIS STATEMENT
The attached check is in payment of items described above. If not correct, please notify your local child support office.

E19926

E19926

Adventist Health

PARADISE VALLEY HOSPITAL

2400 EAST FOURTH STREET, National City, CA 91950-2099, (619) 470-4321

27402072

Admit Date/Time	9/25/2006 17:46
Discharge Date/Time	

PHYSICIAN FACE SHEET

Patient Name and Address	Phone	Account Number	Medical Record No.
HOLLOWAY, CHALON R 4365 LOGAN AVE SAN DIEGO CA 92113-	619 234-6339	27402072	773994

Other Phone #:	F/C	Service	Type
	2000	EMS	E

Social Security Number	Language
[redacted]	English

Birth Date	Age	Sex	Marital Status	Religion	Drivers License/ I.D. Number/ State	Race	Room
11/29/1967	038Y	F	S	BAP		02	-

Birth Place	Previous/Maiden Name	Spouse	Accom.
CA	DOE		

Relative/Friend	Address		Relation	Phone
CRAWFORD, NETTIE M	3135 F STREET	SAN DIEGO, CA 92102	GRANDMOTHER	619 234-6339
MOSSSMITH, AKILAH	4365 LOGAN AVENUE	SAN DIEGO, CA 92113	DAUGHTER	619 234-6339

Doctor Information	Dr. Phone #s
ADM 80988 SADIQ, SADEEQ	(619) 470-4141
REF	(000)
	(000)
FAM 1799 TUTEUR, JENNIFER	(619) 231-9300

Initial Diagnosis Impression/Statement of Illness/Injury
CPR IN PROGRESS

ACCIDENT INFORMATION	Date:	Type:	Service related to accident:
Location:	Description:		

Patient Employer	Phone:	LMP
UNEMPLOYED @ GENERIC USE EMPLOYER	Occupation: UNEMPLOYED	
	Retirement Date: / /	

CARRIER 1

Subscriber ID (Cert, SSN, or HIC number)	Group Name	Group Number	Pre-authorization #
MEDI-CAL P.O. BOX 15500 SACRAMENTO, CA 958521500			
554066241	3N		

Subscriber Name	Relation	Subscriber Birth Date
HOLLOWAY, CHALON	SELF	11/29/67

CARRIER 2

Subscriber ID (Cert, SSN, or HIC number)	Group Name	Group Number	Pre-authorization #

Subscriber Name	Relation	Subscriber Birth Date

CARRIER 3 Carrier 3 Name / Subscriber / Relation / Policy # / Group #

GUARANTOR

Name	Occupation	Relation	Birth Date	Phone
HOLLOWAY, CHALON R	UNEMPLOYED	SELF	11/29/1967	619 234-6339

Address	Social Security Number
4365 LOGAN AVE SAN DIEGO CA 92113	554-06-6241

Guarantor Employer Name and Address
UNEMPLOYED @ GENERIC USE EMPLOYER

Remarks:

Transferring Facility:

Source	Route	Requested By
7	1	TORRESS

Physcnt 08/05 EP004

Verified by Barbara Silvia 858 514-6899

Notice of Action

E19926

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

		Greenlock Henley	X			

Blind Check Initiated By: KEVIN Date: 10-10-06

Interment space for: CHALON HOLLOWAY

Interment Date: 10-11-06 Time: NOON

Div: 11 Sect: Z Blk/Row: ____ Lot: 13 Gr: 2

Grave Laid out by: KEVIN + DAVID

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E19926

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 38

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHALON	R.	HOLLOWAY	11/29/1967	09/25/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ATIONAL CITY	SAN DIEGO	AKILAH SMITH, DAUGHTER 3186 BONITA RD.,#154 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	Vanditte Russ	10/05/2006

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	THIS PERMIT IS ISSUED IN 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	10/05/2006	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
DISINTERMENT/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10-11-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Lemmon	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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

City of San Diego

At Need

Date 10/04/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Buchan #796

in a D.D. CRYPT "A" Type of Burial Container Funeral, date, time Tues. Oct. 10th, 2006 11:00

Church, Chapel, Graveside Delivery Only : Humphrey's CV Mortuary. counselor: William Patterson

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. (619) 425-9111

Division 12 Section 2 Blk/Row _____ Lot 37 Grave 11

Grave space & Care Fund	E-17994 (12-30-2004)	0
Overtime/Late Arrival Fees	"	—
Opening/Closing & Setup	"	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee	N/A	—
Recording/Filing/Transfer Fees	"	—
Sales taxes	"	—
Total Due		0
Paid receipt number	N/A	0
Balance due		0

I hereby certify I am the x Family not available of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. (Purchaser/Friend)

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

x See below (MDL)
Signature

x Donald Cumming
Print Name

x 6943 51st
Address

x San Diego 92120
City Zip Code

x (619) 287-4983
Telephone

Family friend took care of arrangement per Mortuary directive. Paulette

Invoice # 76

Work Order # E-19927

Acct. # _____

Family lives in Canada could not be reached per legal description as co-owner Samuel Dempsey listed 10/6/06 (MDL) (MDL)

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

E19927

Pre-need
lot + trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 10, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Buchan + Samuel Dempsey

In a D.D. Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 37 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund		395 —
Additional spaces and care fund		~~845~~
Opening/Closing & Setup	750 —	~~345~~
Burial Container		380 —
Handling Fees		380 —
Flower vases – Marker setting fee		
Recording and filing fee		90 —
Sales taxes		29.45
Total Due		2404.45
Paid receipt number	dem —	1232.00
	R-55908	
Balance due		1232.45

PAID
DEC 30 2004
MOUNT HOPE CEMETERY

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

I hereby authorize the interment in lot 195 I hold under deed.

X Samuel Dempsey
Signature

X 2601 SWEETWATER RD.
Address

X SPRING VALLEY 91977
City Zip Code

X (619) 461 5877
Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # E 17594

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E19927

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

		#4 Watts Thomas		#6 Johnny Dropper		
		#10 John Warren	#11 X	#12 Bruce NIPH		

Flagged yes

Blind Check Initiated By: Sandra Date: 10-9-06

Interment space for: William Buchan

Interment Date: Oct 10, 06 Time: 11:00 Deliver ONLY

Div: 12 Sect: 2 Blk/Row: ____ Lot: 37 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARREY/ Date: 10-9-06

CREMAINS WERE PLACED ____

E19927

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 79

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLIAM	UNKNOWN	BUCHAN	02/09/1927	10/03/2006	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	DONALD CUMMING, FRIEND 6943 51 ST. 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
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964	▶ [signature]	10/05/2006

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	10/05/2006	▶ 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 10-10-06	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 ▶ [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.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS8e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
Res. fee

Date 10/4/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elizabeth Cottingham ♀ 230474

in a ASH VAULT (Type of Burial Container) Funeral, date, time AYD 10/31/06 Tue $

Church, Chapel, Graveside _____ : Anderson-Rogsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 231 Grave 7

Grave space & Care Fund	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-59804	384.12
Balance due	0

PAID
OCT 09 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

Paulette

Work Order # E-19928

X _____
Print Name

X _____
Address

X See Attached
City Zip Code

X _____
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

Date 10/4/06

At need
Res. fee

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elizabeth Cottingham ⊗ in a ASH VAULT (Type of Burial Container) Funeral, date, time AYD 10/31/06 Tue $ 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 $ Skipper will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row ____ Lot 231 Grave 7

Grave space & Care Fund	⊘
Overtime/Late Arrival Fees	149.-
Opening/Closing & Setup	79.-
Burial Container	85.-
Handling Fees	
Flower vases – Marker setting fee	65.-
Recording/Filing/Transfer Fees	6.12
Sales taxes	384.12
Total Due	384.12
Paid receipt number R-59804	
Balance due	⊘

PAID
OCT 05 2006
MO[illegible] CEMETERY

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

230473

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

X Claude Cornist
Signature

X Claude Cornist
Print Name
X 1018 Olive
Address
X San Diego
City Zip Code
X 251 3282
Telephone

Paulette

Invoice # ____

Acct. # ____

Work Order # E-19928

This information is available in alternative formats upon request.

90 E19928

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 7284-03

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ELIZABETH	-	COTTINGHAM	01/14/1916	10/03/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	CLAUDE CORNIST, POA 1018 OLIVE AVENUE 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
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329		10/04/2006

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	10/09/2006	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)

CREMATION/ 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 10-31-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY, 601D CRANE ST, LAKE ELSINORE, CA 92530	12B. DATE CREMATED 10-11-06	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.

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.)

E19928

Delivery only!

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Husband: Burnon Cottingham (liner)

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

		NUNEZ				
	PRINE		X	TING		
			LUCERO	HAMILTON		

Blind Check Initiated By: KEVIN Date: 10-31-06

Interment space for: Elizabeth Cottingham ⊗

Interment Date: AYP Time:

Div: 12 Sect: 2 Blk/Row: Lot: 231 Gr: 7

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 MIDDLE

AT-Need
Res
1st Burial only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-05-06

#230422

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Lee Watkins JR.

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Tues Oct 10, 06 11:00 A.M.

Church, Chapel, Graveside 234-3272 ; CA Burial Junette 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. Kathleen Watkins X

Division 7 Section 16 Blk/Row ____ Lot 21 Grave 3

Grave space & Care Fund		$2,264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	(1) 1st Burial	533.00
Burial Container	Liner DD Crypt	539.00
Handling Fees		454.00
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees	(1) 1st Burial	65.00
Sales taxes		$ 41.77
	Total Due	$ 3,896.77
	Paid receipt number R-59802	$ 3,896.77
	Balance due	0

PAID
OCT 06 2006
MOUNT HOPE CEMETERY

~~Mort to pay~~
pd IN Full
10-06-06

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.

#230424

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

Kathleen Watkins X
Signature

Kathleen Watkins X
Print Name

2156 Jamie Ave X
Address

San Diego 92139 X
City Zip Code

619 470-0538
Telephone

Invoice # ____

Work Order # E-19929

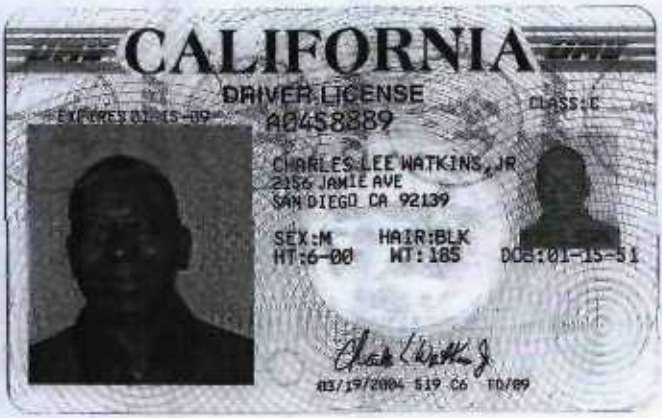
Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

EM929


CALIFORNIA
DRIVER LICENSE
A0458889
CLASS:C
EXPIRES 01-15-09
CHARLES LEE WATKINS,JR
2156 JAMIE AVE
SAN DIEGO CA 92139
SEX:M
HAIR:BLK
HT:6-00
WT:185
DOB:01-15-51
03/19/2004 519 C6 TD/09

E19929

OFFICIAL RECEIPT

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

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

59802

Date: 10-6-06, 2006

From: Kathleen Watkins Address: 2156 Jamie Ave S.D. CA. 92139

Three Thousand Eight hundred & Ninty-six 77/100 Dollars ($ 3,896.77)

in Full Payment of AT Need services FOR Charles Lee Watkins JR

Div 7 Sec 16 Blk/Row ____ Lot 21 Grave 3

Invoice No. E-19929

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check #2800

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

PAID

OCT 0 6 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	$	3,896	77

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

KATHLEEN WATKINS
LAURA A. YOUNG (DECEASED)
PH. 619-470-0538
2156 JAMIE AVE
SAN DIEGO, CA 92139-2521

2800
90-7172/3222 278
2784141760

10-05-2006
Date

Pay to the Order of Mt. Hope Cemetary $ 3896.77

Three thousand Eight hundred ninety six and 77/100 Dollars

citibank

For Charles [redacted] Kathleen Watkins

E19929

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

	BAUER	DECAMBO	X		CRAIG	
		CLYNES	MITCHELL		BEADFOW	

Flagged (YES) - NO

Blind Check Initiated By: KEVAN Ofte Date: 10-9-06

Interment space for: Charles Lee Watkins JR

Interment Date: Tues Oct 10, 06 Time: 11:00 Church

Div: 7 Sect: 16 Blk/Row: ____ Lot: 21 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 10-9-06

CREMAINS WERE PLACED ____

E19929

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	LEE	WATKINS	01/15/1951	10/02/2006	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	KATHLEEN WATKINS, WIFE 2156 JAMIE AVE 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	Jeanette Benyard	10/09/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed alated 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	10/05/2006	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
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 10-10-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Kamps
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. 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

(Res) AT Need

INTERMENT ORDER

City of San Diego

Date 10-5-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mildred L Lane #230419

in a Ash Vault (Type of Burial Container) Funeral, date, time mon Oct 9, 06 1:30 p.m.

Church, Chapel, Graveside Family will Del : 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. Wayne [signature] X

Division 12 Section 1 Blk/Row ____ Lot 9 Grave 12

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
wo#5166 Trion pd separate on Flower vases - Marker setting fee R-59801 10-5-06	
Recording/Filing/Transfer Fees	65.00
Sales taxes	$6.12
Total Due	$810.12
Paid receipt number R-59800	$810.12
Balance due	0

PAID OCT 05 2006 MOUNT HOPE CEMETERY

Urn must Fit out Ash Vault 13½ Long x 9" wide x 6" H / Calif Burial permit must Accompany remains

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.

#230420

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

Wayne [signature] Signature

X WAYNE LANE
Print Name

X 2392 JUDSON ST
Address

X SAN DIEGO CA 92111
City Zip Code

X 6198574413
Telephone

Invoice # ____

Work Order # E-19930

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19930

THE CITY OF SAN DIEGO

WATER & WASTEWATER SERVICES

SAN DIEGO, CA 92187-0001 (619) 515-3500

FINAL NOTICE - CLOSING BILL

U16-29269-21-6
ACCOUNT NUMBER

2392 JUDSON ST
SERVICE ADDRESS

SEP 11 2006
PAYMENT DUE DATE

MILDRED L LANE
2392 JUDSON ST
SAN DIEGO CA 92111-6212

RETURN THIS PORTION

1629269216 0000403113

E19930 pg 59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 7028-01

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MILDRED	LEONA	LANE	11/27/1946	08/21/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
N DIEGO	SAN DIEGO	WAYNE LANE, HUSBAND 2392 JUDSON ST SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person obtaining permit	8B. DATE SIGNED
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658		08/31/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	08/31/2006	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)

DISINTERMENT/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 10-9-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CA CREMATORY 601 D CRANE ST., LAKE ELSINORE, CA 92530	12B. DATE CREMATED 9-6-06	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 10/5/06

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.

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.

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E19930

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 Ash vault

						LOT-10 Objective G-3
			LOT-9 X GR-12			LOT-10 James Lewis GR-9

Flagged (yes) - NO

Blind Check Initiated By: Sandra Date: 10-9-06

Interment space for: mildred L Lane

Interment Date: MON oct 9, 06 Time: 1:30 (65)

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

Grave Laid out by: DARRELL FAMBRO

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DAVID M. Date: 10-9-06

CREMAINS WERE PLACED TOP OF GRAVE

E19930

OFFICIAL RECEIPT

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

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

59801

Date: 10-5-06, 20 06

From: Wayne Lane Address: 839 wiler Dr C/V CA 91910

Two hundred & forty-three dollars 71/100 Dollars ($ 243.71)

in Full Payment of Trion Vase & Marker Setting Fee For Mildred L. Lane

Div 12 Sec 1 Blk/Row _____ Lot 9 Grave 12

Invoice No. E-19930

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Money Order
☐ Charge
☒ Check

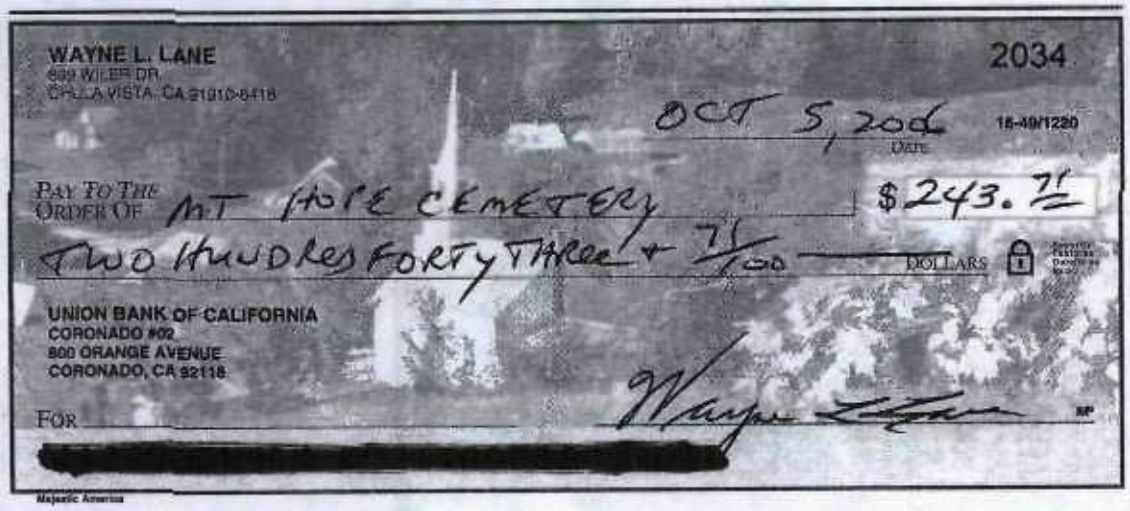
AC-212A (11-05)
This information is available in alternative formats upon request.

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

PAID
OCT 05 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	$	243	71



E19930

OFFICIAL RECEIPT

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

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

59800

Date: 10-05, 2006

From: Wayne L. Lane Address: 839 Wiler Dr Chula Vista CA 91910

Eight hundred + ten dollar 12/100 Dollars ($ 810.12)

in Full Payment of At need services FOR Mildred Lane

Div 12 Sec 1 Blk/Row ____ Lot 9 Grave 12

Invoice No. E-19930

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check # 2033

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

PAID

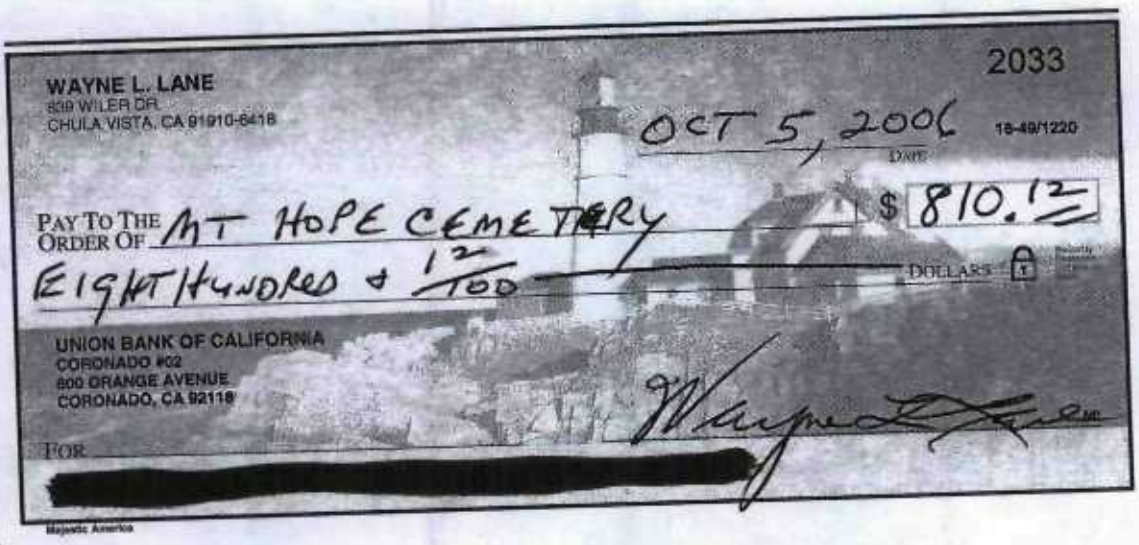
OCT 05 2006

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	$	810	12

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



WAYNE L. LANE
839 WILER DR
CHULA VISTA, CA 91910-6418

2033

OCT 5, 2006 DATE 18-49/1220

PAY TO THE ORDER OF MT HOPE CEMETERY $ 810.12

EIGHT HUNDRED & 12/100 DOLLARS

UNION BANK OF CALIFORNIA
CORONADO #02
800 ORANGE AVENUE
CORONADO, CA 92118

FOR [redacted]

Wayne L Lane

Majestic America

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Trade of lot

Date 10/06/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Chinese Benevolent Assoc/or Al Wong 22754

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.

From Chinese, I, Row 10, grave 10 (30)

Division 11 Section 2 Blk/Row _____ Lot 161 Grave 4

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

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

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

Signature

Print Name

Address

City Zip Code

Telephone

Invoice # See legal description Tw Card

Acct. #

David Lugo, Mgr.

Work Order # E-19931

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19931

Albert Wong
5117 Hilda Rd
San Diego, CA
92110

Div 11 Sect 2

Lot 161 Gr 4

In Exchange
for

for Chinese Sec 1

Row 10 Grave 10

Sold to Mr. Al Wong by mistake
someone was in the grave.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need
Reg. fee Verified

Date 10/6/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OPAL M. Alexander Pin # 230418

in a TOP SEAL Vault Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ Anderson-Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1450 Grave _____

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	355.-
Handling Fees	263 -
Flower vases - Marker setting fee $178	178.-
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	3685.51
Paid receipt number R-59803	3685.51
Balance due	Ø

PAID
OCT 06 2006
MOUNT HOPE CEMETERY

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

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

+ Debra L Arthur
Signature

X DEBRA L. ARTHUR
Print Name

X 5151 Reynolds St
Address

X San Diego
City Zip Code

(619) 263-5140
Telephone

Paulette

Invoice # _____

Work Order # E-19932

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19932

CALIFORNIA
DRIVER LICENSE
CLASS: C
N0883435
EXPIRES 01-21-03
OPAL MAE ALEXANDER
924 MERLIN DR
SAN DIEGO CA 92114
SEX: F HAIR: GRY EYES: BRN
HT: 5-00 WT: 145 DOB: 01-21-31
12/01/97 613 12/ FD/03 10:48

SEMCA PHARMACY 263-6635
286 N. EUCLID AVE. SAN DIEGO, CA 92114

5 5

E19932

9866

Opal Alexander
924 MERLIN DR.
SAN DIEGO, CA 92114

Rx 959 731 Dr. Nguyen Dat
DOCUSATE SODIUM 100MG CAP MJ #60

09/06/06 /06 6/06 6/06

NDC# 00904-7889-60

0736 84149

Pvt-CASH:.....$ 2.57 32.19 25.99 1.00

E
35 5

SEMCA
286 N. EUCLID AVE.

Rx 959 731 Dr. Nguyen Dat
Opal Alexander 09/06/06 MD
DOCUSATE SODIUM 100MG CAP MJ #60

Take one capsule by mouth twice a day as needed for constipation

6/06 6/06 1/06

THIS INFORMATION IS NOT INTENDED TO BE COMPREHEN
REPLACE, THE EXPERTISE OR PROFESSIONAL JUDGEMENT
THERE ARE QUESTIONS CONCERNING THIS INFORMATION

84153 140677 4867

* Take as recommended 1.01 6.45 [redacted]

* Drink plenty of fluids

* Call doctor if change in bm lasts for 2 weeks

* Over use can cause bowel dependence

EMCA EMCA MCA
EUCLID AVE. EUCLID AVE. JCLID AVE.

THIS INFORMATION IS NOT INTENDED TO BE COMPREHEN COMPREHEN OMPREHEN
REPLACE, THE EXPERTISE OR PROFESSIONAL JUDGEMENT JUDGEMEN
THERE ARE QUES... MATION RMATION

Opal Alexander

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E19932

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: _____

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: Ragsdale - Kevin
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: _____
TELEPHONE NUMBER: _____
RELATIONSHIP TO DECEASED: _____ (Hospice)

NAME OF ~~DECEASED~~:

LAST NAME: Alexander Pre-need
FIRST NAME: Opal INITIAL: Lot/Trust
D.O.D. _____ D.O.D. _____
VETERAN: ☐ yes BRANCH OF SERVICE: _____
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: _____ x _____ x _____

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

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

DIV: _____ 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: _____

Charlene
Denmon

10

John Wilkins Artry
8- 1-361

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need (Res)

Date 10-9-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leonia Thomas Pin# 224151

in a LINER (Type of Burial Container) Funeral, date, time Weds Oct 11, 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 will be applied and billed to undersigned X

Division 12 Section 1 Blk/Row _____ Lot 22 Grave 6

Grave space & Care Fund D-8269 1977	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container LINER	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	0
Sales taxes	
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 see attach
Print Name

X for signature
Address

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E-19933

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

verified Leonia + Otis Thomas's location
OK per Louis @ Ingersdale 10-9-06 9:50A

E19933

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Trust

Date 5/4/93

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

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran _____

Lot 22 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund ... Pre Need (D-829)	0
Additional spaces and care fund ...	
Opening/Closing & Setup ...	350.00
Burial Container ... LINER	170.00
Handling Fees ...	145.00
Flower vases – Marker setting fee ...	
Recording and filing fee ...	45.00
Sales taxes ...	13.18
Total Due ...	723.18
Paid receipt number 43710	723.18
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.

Leonia Thomas
Signature
3155 Anderson St
Address
San Diego Ca 92113
City
619 239 2792
Telephone
Zip Code

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

_____
Signature of recorded holder of deed

Work Order # E 10804

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

AT-NEED
(RES)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

E19933

Date 10-9-06

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

in a LINER (Type of Burial Container) Funeral, date, time Weds oct 11 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 will be applied and billed to undersigned. X

Division 12 Section 1 Blk/Row Lot 22 Grave 6

Grave space & Care Fund D-8269 1977 0

Overtime/Late Arrival Fees

Opening/Closing & Setup 0

Burial Container LINER 0

Handling Fees 0

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees 0

Sales taxes

Total Due 0

Paid receipt number

Balance due 0

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

I hereby authorize the interment in lot / paid under deed.

Esther Pleasant
Signature

X ESTHER PLEASANT
Print Name
X 860 S. GREGORY ST.
Address
X SAN DIEGO, CA 92113
City Zip Code
X (619)236-1594
Telephone

Invoice #

Work Order # E-19933

Acct. #

MEA-104 (5-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19933

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 LINER

	#4 Hollis Pleasant	#5 Otis Thomas	#6 X			#9 Hartigan Brian

Blind Check Initiated By: Sandra Date: 10-10-06

Interment space for: Leonia Thomas

Interment Date: Weds Oct 11 06 Time: 11:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 22 Gr: 6

Grave Laid out by: KEVIN & PAUL

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E19933

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LEONIA	CRAIN	THOMAS	05/19/1905	10/03/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CORONADO	SAN DIEGO	ESTER PLEASANT, DAUGHTER 860 S. GREGORY STREET SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329		10/09/2006

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	10/09/2006	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)	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 10-11-06	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.12/04)

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)

Date 10-9-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Roy Chester Braggs #230431

in a LINER (Type of Burial Container) Funeral, date, time MON OCT 16, 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 $ 213.00 will be applied and billed to undersigned Lisa Sanders X

Division 12 Section 1 Blk/Row _____ Lot 84 Grave 11

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$533.00
Burial Container LINER PAID	$270.00
Handling Fees	$206.00
Flower vases, (Marker setting fee) $178.00	$178.00
Recording/Filing/Transfer Fees OCT 11 2006	$65.00
Sales taxes	$20.93
MORT TO PAY MOUNT HOPE CEMETERY Total Due	$3,536.93
Paid receipt number R-59810	$3,536.93
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. #230432

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

Signature Lisa Sanders X

X Lisa Sanders (Print Name)

X 7065 Benson Ave (Address)

X San Diego CA 92114 (City, Zip Code)

X 263-0656 (Telephone)

Invoice # _____

Work Order # E-19934

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19934

CALIFORNIA
DRIVER LICENSE
H0555573
CLASS C
EXPIRES 07-05-07
JAMES ROY CHESTER BRAGGS
7065 BENSON AVE
SAN DIEGO CA 92114
SEX:M HAIR:GRY
HT:5-06 WT:195
DOB:07-05-35
RSTR:CORR LENS
06/11/2002 235 RB FD/07

E19934
59810

OFFICIAL RECEIPT

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

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

Ragsdale

Date: 10-11-06, 20 06

From: Braggs, James Address: 5050 Federal Blvd

Three Thousand five hundred thirty-six dollars 93/100 Dollars ($ 3,536.93)

in Full Payment of AT-Need Services FOR James Braggs & Marker Setting Fee

Div 12 Sec 1 Blk/Row Lot 84 Grave 11

Invoice No. E-19934

Acct. No.

W.O.

BALANCE DUE -0-

☐ Money Order
☐ Charge
☑ Check #13858

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

PAID

OCT 11 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	452	80
20% Sales Care	77184		
80% Sales of Lots	100 77184	1,811	20
Opening/ Closing	100 77181		
Burial	100	533	00 O/C
Containers	77182 100	270	00 B/C
Handling Fee	77185	206	00 H/F
Recording & Misc. Fees	100 77183	243	00 R/C + Set Fee
Sales Tax	60101 78390	20	93
TOTAL PAID	$	3,536	93

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

13898

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

10/10/2006

PAY TO THE ORDER OF Mt. Hope Cemetery $ **3,536.93

Three Thousand Five Hundred Thirty-Six and 93/100********** DOLLARS

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

MEMO: Gravesite: 2006-210 Braggs, James DOS 10.16.06

Security features. Details on back.

⑈013898⑈ ⑆122238682⑆ 700385048⓪⑈

ANDERSON-RAGSDALE MORTUARY, INC. 13898

Mt. Hope Cemetery 10/10/2006

Gravesite: 2006-210 Braggs, James DOS 10.16.06 3,536.93

E19934

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH D

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

				DILLARD		
			X	TUCKER		
	HAWKINS		WILLIAMS	SINGLETON		

Blind Check Initiated By: KEVIN Date: 10-11-06

Interment space for: James Braggs

Interment Date: MON OCT 16, 06 Time: 10:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 84 Gr: 11

Grave Laid out by: KEVIN

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

pg 71

E19934

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	ROYCHESTER	BRAGGS	07/05/1935	10/06/2006	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	LISA SANDERS, DAUGHTER 7065 BENSON 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		10/09/2006

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	10/09/2006	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 MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10-16-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL David Morigan	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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

AT-need (RES)

INTERMENT ORDER

City of San Diego

Date 10-9-06

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tony Joe Silva #230427

in a TS Vault (Type of Burial Container) Funeral, date, time Fri Oct 13th 06 2:00

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

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

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

Grave space & Care Fund	$ 1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container TS Vault	355.00
Handling Fees	263.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	$ 27.51
Total Due	$ 2,076.51
Paid receipt number R-59805	2,076.51
Balance due	0

PAID OCT 09 2006 MOUNT HOPE

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

#230428

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

Bryanna Silva X
Signature

X Bryanna Silva
Print Name
X 3622 43rd St. #1
Address
X San Diego, CA. 92105
City Zip Code
X (619) 436-1218
Telephone

Invoice # ____

Work Order # E-19935

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19935

OFFICIAL RECEIPT

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

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

59805

Date: 10-9-06, 2006

From: Joyce Haley Address: 9129 Outinda Street Spring Valley, CA 91977

Two Thousand Seventy-Six 51/100 Dollars ($ 2,076.51)

in Full Payment of AT Need Services For Tony J. Silva

Div 11 Sec 2 Blk/Row _____ Lot 11 Grave 2

Invoice No. E-19935

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Money Order
☐ Charge
☒ Check #1119

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

OCT 09 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	$	2,076	51

N2241032 Exp 03-11-11
CA License

JOYCE HALEY
9129 OUTINDA STREET PH. 619-434-4918
SPRING VALLEY, CA 91977

90-8169/3222
000000596119

1119

DATE 10/9/06

PAY TO THE ORDER OF Mt. Hope Cemetery $ 2076.51

Two Thousand Seventy Six $51/100 DOLLARS

USE CREDIT UNION
8697 La Mesa Blvd., Ste. D
La Mesa, California 91941
www.usecu.org
1-866-USE-4-YOU (873-4968)

MEMO [redacted]

Joyce Haley

E19935

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: Tony Joe Silva

Address: 3030 Broadway Apt. 4
BCS

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.

Bryanna Silva/daughter 10/5/06
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 10/6/06
Date

Current SA documents verified on: 10/5/06
Approved By
Date 10/6/06

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

Box 5190
ux Falls SD 57117-5190

PRESORTED FIRST CLASS

SIOUX FALLS SD AUG 24 '06

U.S. POSTAGE 0.32 6

P.B. METER 6730947

E19935

TONY SILVA
3030 BROADWAY APT 4
SAN DIEGO CA 92102-2343

Address? Call us 24 hours at
0-TO-WELLS! (1-800-869-3557) A-RQTMM 92102

*** REC 2006278 141012 H8AA17E0 DEYO CIPQYAA PQAA (F-DEY) ***

E19935

SOCIAL SECURITY ADMINISTRATION

Date: October 5, 2006
Claim Number: 567-86-1871DI

TONY J SILVA
835 25TH STREET
SAN DIEGO CA 92102-2738

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 January 2006, the current Supplemental Security Income payment is.....$ 1015.00

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.)

Date of Birth Information

The date of birth shown on our records is March 19, 1952.

E19935

Guidelines
Mt. Hope Low-Income Fee Waiver

1. Applicant must be a City of San Diego resident, not *County of San Diego*
2. The Low-income fee waiver is for those San Diego residents who can prove need by submitting proper acceptable documentation such as:
   a. Social Security-Award/Benefit Letter
   b. Internal Revenue (IRS) Tax Return
   c. Health & Human Services Notice of Action (dated within 30 days)
3. The Department of Labor has published the 2006 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

Size of Family	Annual Income
1	$13,980
2	$ 22,900
3	$ 31,440
4	$ 38,810
5	$ 45,800
6	$ 53,560
More than 6	Each additional family member add $7,760

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

M-F Service 1679.00 / $3,358.93

Sat. 851.00

E19935

MT HOPE CEMETERY

Low-Income

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 TS Vault

			#2 X	#3	#4	#5
			#8	#9	#10 Mallory William	

Floggeal (4-2)

Blind Check Initiated By: Sandra Date: 10-9-06

Interment space for: Tony Silva

Interment Date: FRI OCT 13, 06 Time: 2:00 (6-5)

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

Grave Laid out by: KEVIN & DAVID

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E19935

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TONY	JOE	SILVA	03/19/1952	10/01/2006	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	BRYANNA SILVA, DAUGHTER 3030 BROADWAY,APT#4 SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶ David Ayon	10/11/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	10/12/2006	▶ 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 ST,SAN DIEGO,CA,92102	11B. DATE BURIED: 10/13/06	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.

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
(Non-Res)

City of San Diego

Date 10/10/06

Both 1st & 2nd Burial
ReInterment

#230472

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Crystal Pauline Baker And Diane Baker

in a double depth Type of Burial Container Funeral, date, time Thurs Oct. 12

Church, Chapel, Graveside 11:00 AM : Featherings (MAR) Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00 OK

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row ____ Lot 148 Grave 10

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container DD Crypt 1st & 2nd Burial	717.00
Handling Fees	604.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	55.00
Total Due	1,461.00

Paid receipt number # 59806 $1,461.00

Balance due 0

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.

207539

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

X [signature] Signature

X DEBORAH MURGUIA Print Name

X 3028 WASHINGTON Address

X LEMON GROVE CA 91945 City Zip Code

X 619-741-5688 Telephone

David Lugo
Related Order E-19937

Work Order # E-19936

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19936

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 Diane Baker 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 148 Grave 10 Section 1 Division 12

We acknowledge that we have been advised that the remains of may not be present and/or intact.

SIGNATURE(S)	RELATION TO DECEASED
[signature]	AUNT

WITNESSED BY

10/10/06

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

MT HOPE CEMETERY E19936

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 DOUBLE DEPTH

	DISINTERMENT / REINTER					
	BOULAIN		HARRIS	JAMES		
	MOORE		X			
	ROMERO	ROMERO	CONSUELO	MEYER	HAYES	

Blind Check Initiated By: KEVIN Date: 10-10-06

Interment space for: CRYSTAL BAKER

Interment Date: OCT 12, 2006 (THU) Time: 11 AM

Div: 12 Sect: 1 Blk/Row: ____ Lot: 148 Gr: 10

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E19936
age 22

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CRYSTAL	PAULINE	BAKER	08/06/1984	10/05/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	RAMONA HERRERA, MOTHER 7943 LINCOLN ST. LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Donoran	10/10/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	10/10/2006	▶ 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
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 10-12-06	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.

COPY 3 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9a (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

DIS INTERMENT ORDER

DISINTERMENT

City of San Diego

(NON-RES)

Date 10/10/06

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

of Diane Baker

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

Church, Chapel, Graveside _____ (MAX) Featherings III Mortuary.

All Funeral cars must arrive 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 148 Grave 10

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	1,887.00
Paid receipt number # 59806	$1,887.00
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.

207539

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

Signature

Deboral Murguia
Print Name

3028 Washington St
Address

Lemon Grove, CA 91945
City Zip Code

619 741-5688
Telephone

Per David Lugo
Related Order E-19936
For ReInterment

Work Order # E-19937

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19937

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 DOUBLE DEPTH

DISINTERMENT / REMITEL						
	BOULDIN		HALLIS	JAMES		
	MOORE		X			
	ROMERO	ROMERO	CONSUELO	MEYER	HAYES	

Blind Check Initiated By: KEVIN Date: 10-10-06

Interment space for: CRYSTAL BAKER

Interment Date: OCT 12, 2006 (THU) Time: 11 AM

Div: 12 Sect: 1 Blk/Row: ____ Lot: 148 Gr: 10

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E19937

59806

OFFICIAL RECEIPT

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

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

Date: 10/10, 2006

From: Deborah Murguia Address: 3028 Washington, Lemon Grove, CA 91945

Three thousand three hundred forty eight Dollars ($ 3,348.00)

in chk #15651 Payment of disinterment, dbl liner, re inter, interest C. Baker, o/c, tax, rec. fee

Div 12 Sec 1 Blk/Row ____ Lot 148 Grave 10

Invoice No. ~~E-19936~~ ~~E-19937~~

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check #15651

Revival Tabernacle Family Ctr. Charitable Donation
Chk # 1365

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

Dis-Interment
Re-Interment

David Lugo

ISSUED BY

Dis-inter

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	717.	00
Burial	100	604.	00
Containers	77182 100	85.	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	1887.	00
Sales Tax	60101 78390	55.	00
TOTAL PAID	$	3348.	00

This information is available in alternative formats upon request.

ees to be included.

elow is your brief Heritage Registry WHO'S WHO Executive Invitation, which must be returned by fax (516)-706-0674, ail or visit our web site at WWW.THEHERITAGEREGISTRYOFWHOSWHO.COM. If there are any errors in your name r company name above, we will correct the error immediately upon receipt of your invitation. You will be contacted shortly fter we receive your invitation by telephone or mail for verification and completion.

ongratulations and Good Luck on your acceptance in The Heritage Registry of WHO'S WHO

espectfully yours,

hris Jespersen
irector, Editorial Staff

n order to maintain our selection schedule a prompt response would be appreciated. Thank You.

THE HERITAGE REGISTRY OF WHO'S WHO INVITATION

PLEASE PRINT OR TYPE CLEARLY AND FILL OUT COMPLETELY. THANK YOU!

FIRST NAME MI LAST NAME TITLE

COMPANY

ADDRESS

CITY STATE ZIP CODE

( ) ( )

PHONE NUMBER FAX NUMBER WEB SITE

BUSINESS (E.G. PERSONAL SERVICE, FINANCIAL, COMPUTER, ETC.) PRINCIPAL PRODUCT, SERVICE OR ACTIVITY (SOFTWARE, COMPUTERS, PERSONAL ETC.)

PERSONAL SPECIALTY (MARKETING, PATENT LAW, ENGINEERING ETC.) TYPE OF ORGANIZATION (MANUFACTURING, DISTRIBUTORS, LAW FIRM, IMPORT ETC.)

TYPE OF BUSINESS

OTHER BUSINESS INFORMATION

MEMBER OF THE UNITED STATES CHAMBER OF COMMERCE MEMBER SOCIETY OF SCHOLARLY PUBLISHING

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need ash plot

Date 10/10/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lo Wayne L. Lane 230420

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

Church, Chapel, Graveside _____ ; _____ Mortuary

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

Division 12 Section 1 Blk/Row _____ Lot 9 Grave 11

Grave space & Care Fund	426.-
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.-
Paid receipt number P-00522	426.-
Balance due	0

PAID
OCT 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.

Signature DAVID UGO

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached Signature on check

Invoice # _____

Work Order # E-19938

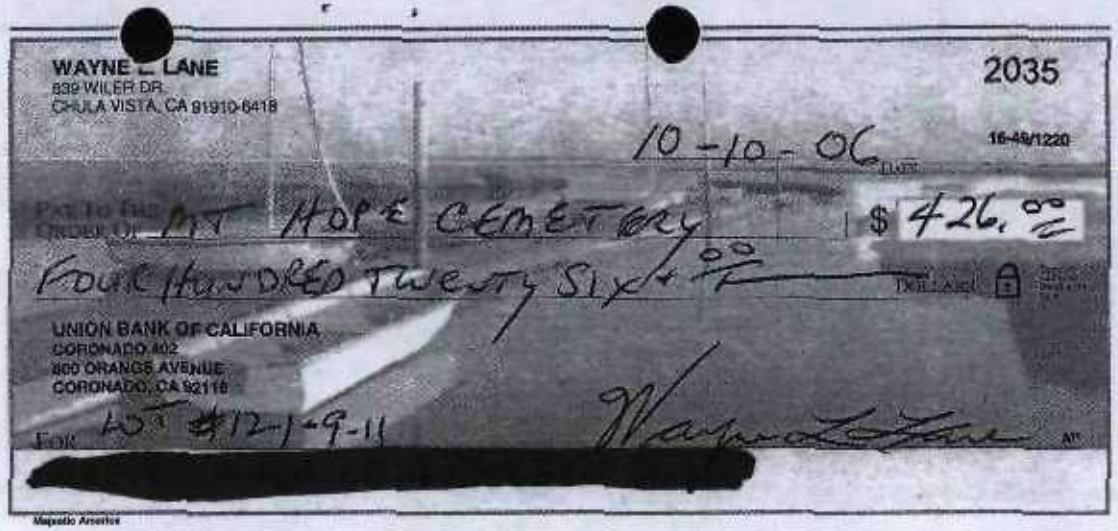
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19938



WAYNE L. LANE
839 WILER DR.
CHULA VISTA, CA 91910-6418

2035

10-10-06 DATE

16-49/1220

PAY TO THE ORDER OF MT HOPE CEMETERY $ 426.00

FOUR HUNDRED TWENTY SIX + 00/100 DOLLARS

UNION BANK OF CALIFORNIA
CORONADO 402
800 ORANGE AVENUE
CORONADO, CA 92118

FOR LOT #12-1-9-11

Wayne L. Lane

[redacted]

Magnetic America

NON-Res
AT-Need
INFant 6mths

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-11-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Araceli RAmirez Pin # 230438

in a O-LINER Funeral, date, time Friday oct 13,06 11:00
Type of Burial Container

Church, Chapel, Graveside : Guadalupana Mortuary. Jose 544-9333

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

Division 9 Section 1 Blk/Row _____ Lot 346 Grave 1

Grave space & Care Fund	188.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	237.00
Burial Container O-LINER	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 614545 pd by visa	$701.31
Balance due	0

PAID
OCT 11 2006
MOUNT HOPE CEMETERY

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

#230439

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

Leonardo Ramirez X
Signature

X Leonardo Ramirez
Print Name
X3824 Commodore R.D
Address
X San Marcos CA 92069
City Zip Code
X(760) 597-01-18
Telephone

Invoice # _____

Work Order # E-19939

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19939

- Kevin, The family
had no Thanksgiving
until now, they want
Burial this Friday,
plot is small, casket
to be 26 inches, you send
$702 or

Guadalupana Memorial Chapel & Mortuary

José M. Chávez

MANAGER
FUNERAL DIRECTOR
FD-750

2801 IMPERIAL AVENUE, SAN DIEGO, CA. 92102 PHONE (619) 544-9333
FAX. (619) 544-9334 E-MAIL. CHAVEZJM2801@AOL.COM

E19939

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 O-Liner

		#345 Arzabal Janeia	#346 X			

Blind Check Initiated By: Sandra (7 legged yrs) Date: 10-11-06

Interment space for: Araceli RAmirez

Interment Date: Friday Oct 13, 06 Time: 11:00 GS

Div: 9 Sect: 1 Blk/Row: ____ Lot: 346 Gr: 1

Grave Laid out by: DAVID

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: KEVIN Date: 10/12

CREMAINS WERE PLACED ____

E19939

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4381322156665644

DATE: 10/11/06 TIME: 14:54:53
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 187
CD TYPE: VISA
TR TYPE: PR

TOTAL: $701.31

ACCT: **********1568 EXP: ****
AP: 014545

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

THANK YOU
PLEASE COME AGAIN

X _____

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-19939
AT-need Services
For Araceli Ramirez
Div 9 Sec 1 Lot 346
GR 1

E19939

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

6 mos

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARACELI	-	RAMIREZ	04/07/2006	10/09/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	DAISY MORALES, MOTHER 3824 COMMODORE RD SAN MARCOS, CA 92069

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶ [signature]	10/12/2006

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	10/12/2006	▶ 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)	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 10/13/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Pengman	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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 — VS9a (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 REG*ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
Res. fee verified

Date 10/13/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Keonna Tinsley Lester #230434

in a Liner (Type of Burial Container) Funeral, date, time Tues. Oct. 17th 10:00 am

Church/Chapel/Graveside Southeast presbyterian Church : 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.

Pin #19 Muslim org. 169 PC.

Division Muslim Section _____ Blk/Row _____ Lot ~~170~~ Grave _____

Grave space & Care Fund	0
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 AP 042052	1094.93
Balance due	0

PAID
MT. HOPE CEMETERY

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.

Pin # 230435

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

X Paula V. Tinsley
Signature

X Paula V Tinsley
Print Name

X 2635 S. Denver Ave
Address

X Los Angeles, Ca 90016
City Zip Code

(323) 989-6554
Telephone

Work Order # E-19940

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Trina Johnson (323) 855-4039

STATE OF CALIFORNIA ARNOLD SCHWARZENEGGER, Governor

CALIFORNIA STUDENT AID COMMISSION
Default Services-Administrative Wage Garnishment
P.O. BOX 419033
RANCHO CORDOVA, CA 95741-9033

09/11/06

WAGE GARNISHMENT NOTICE

KEONNA M TINSLEY
5121 COBAN ST
SAN DIEGO CA 92114-6235

E00669712

DEAR KEONNA M TINSLEY :

You are hereby given notice that the California Student Aid Commission (Commission), pursuant to federal law (P.L. 102-164; 20 U.S.C. 1095a et. Seq.), may order your employer to immediately begin withholding money from your pay for payment of your defaulted student loan(s) held by the Commission - unless you take the action set forth in this notice.

You must establish and follow a repayment agreement with the Commission to avoid this process, known as "wage garnishment." If you do not establish a voluntary repayment plan and the Commission chooses to pursue garnishment, your employer will be ordered to deduct from your pay an amount equal to no more than 15 percent of your disposable pay for each pay period, or the amount permitted by 15 U.S.C. 1673, unless you give the Commission written consent to deduct a greater amount (Disposable pay includes pay remaining after all deductions required by law have been withheld, such as Social Security and federal and state taxes). Your employer will be ordered to begin deducting this amount no later than the first pay period after the date on which the Order of Wage Withholding is issued to them. These deductions will continue until your debt is paid in full. If you are going to pay off your account, please contact EDFUND at 877.261.2387 for your balance.

To avoid garnishment, please contact EDFUND'S Internal Collections Department at 877.261.2387 (EDFUND is a service of the California Student Aid Commission). This is an attempt to collect a debt and any information obtained from you will be used for that purpose.

Sincerely,

Michael Hernandez
Internal Collections Department
Default Management Division

Sparkletts

Sparkletts
a brand of
DS Waters of America, LP
PO Box 660579
Dallas, TX 75266-0579

For Customer Service and Account Inquiries, Call 1-800-4-WATERS (1-800-492-8377) or visit www.sparkletts.com

Customer Account #: 3138834

PINSLEY POTS DAYCARE
KEONEA PINSLEY
5121 COBAN ST
SAN DIEGO, CA 92114

Your Next Deliveries:
08-15-06
08-29-06

Invoice Date: 08-06-06
Invoice #: 0806 3138834 5702611
Purchase Order #:

Date	Details	Qty.	Each	Amount
	Previous Balance			47.46
	Payment			0.00
	Remaining Balance			47.46
07-24-06	TRANSACTION # T062054053091			
	SPARKLETTS 5 GALLON CRYSTAL FRESH DRINK	2	6.25	12.50
	5.0 GAL BOTTLE RETURN	-2		0.00
	5.0 GAL BOTTLE DEPOSIT	2		0.00
	Sales Tax			0.00
	Total			12.50
08-04-06	TRANSACTION # T062164053032			
	SPARKLETTS 5 GALLON CRYSTAL FRESH DRINK	1	6.25	6.25
	5.0 GAL BOTTLE RETURN	-1		0.00
	5.0 GAL BOTTLE DEPOSIT	1		0.00
	Sales Tax			0.00
	Total			6.25
08-04-06	TRANSACTION # 062163449941			
	ROOM TEMP AND COLD COOLER RENTAL	1	9.00	9.00
	Sales Tax			0.00

Summer is officially here and it's time to stock up on your favorite water. It's even better to take water with you. Don't forget the .5L bottles that can go with you anywhere! Order today and take refreshment wherever you go.

(DSW0062) 052799A

Previous Balance	Payment	Total New Charges	Pay This Amount
$47.46	$0.00	$27.75	$75.21

Be sure to write your account number on your check.

Sparkletts

SPARKLETTS
4170 TANNER CREEK DR
FLOWERY BRANCH, GA 30542

Customer Account #: 3138834 5702611
Due By: Upon Receipt
Late Fees May Apply After: 08-29-06
Total Amount Due: $75.21

Check here and see reverse for address and phone corrections

Check here and see reverse if paying by credit card.

Amount Enclosed: $

33010-DSSP1V91A10BP00037511 1V91A4CS4/1.2

0202

Remit to:

PINSLEY POTS DAYCARE
KEONEA PINSLEY
5121 COBAN ST
SAN DIEGO, CA 92114-6235

SPARKLETTS
PO BOX 660579
DALLAS, TX 75266-0579

022310 121119 313883457026111 0007521 3 0002775 9 4

AGE-25
E 19940

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KEONNA	MALIKI	TINSLEY-LESTER	04/01/1981	10/11/2006	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	EULA TINSLEY, GRANDMOTHER 2535 S. GENESEE AVENUE LOS ANGELES, CA 90016

7A. TYPED NAME AND ADDRESS OF 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]	10/16/2006

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	10/16/2006	▶ 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 10/17/06	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

COPY 2 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9a (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 10-16-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Francisca Diaz "A" (Pin 230445)

in a DD CRYPT A (Type of Burial Container) Funeral, date, time Sat. OCT 21 9:00

Church, Chapel, Graveside St. Rosalima : Humphrey-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 10 Section _____ Blk/Row _____ Lot 4891 Grave _____

Grave space & Care Fund	E-1107 / E 19648	Ø
Overtime/Late Arrival Fees	SAT FEE Visa AP 009171 $1133.00	
Opening/Closing & Setup		
Burial Container	DD crypt diff from Liner	359.-
Handling Fees	diff from Liner h/f	329.-
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		
Sales taxes	diff in taxes Liner to DD	27.75
	P-00531 Total Due	714.75
Paid receipt number		Ø
Balance due		Ø

PAID

OCT 16 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.

x Francisca Diaz
Signature
FRANCISCO DIAZ

x Francisca Diaz
Print Name
x 1009 Melrose Ave
Address
x Chula Vista Ca. 91911
City Zip Code
x 619-425 1009
Telephone

Invoice # _____

Work Order # E-19941

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19941

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 DOCRYPT "A"

Mesina	Chambon	Diaz	x		Tsuji	Yonekura

Blind Check Initiated By: Rollette Date: 10/18

Interment space for: Francisca Diaz

Interment Date: Sat 10/21 Time: 9:00 am

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4891 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARLA Date: 10-18-06

CREMAINS WERE PLACED ____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19941

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRANCISCA	-	DIAZ	02/16/1915	10/15/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
REDWOOD CITY	SAN MATEO	ERNESTINE ORTIZ, DAUGHTER 546 JETER STREET REDWOOD CITY, CA 94062

7A. TYPED NAME AND ADDRESS OF 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	▶ [signature]	10/16/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	10/17/2006	▶ SCOTT MORROW, 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 MATEO HEALTH DEPARTMENT 225 WEST 37TH AVE SAN MATEO, CA 94403	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 10/20/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Calkins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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.)

E19940

619 264-1637
Carol

Lot [illegible]

Div 11-2 - Lot 112, gr. 10 & 11
Clara Jones
husband: Bobby Jones

Will not be
in until
Friday

Yellow cab Co.
619
234-6161

(619) 791-
9679

Tim Joseph

Pre-Need
(Res)
At-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alice Anderson (X) #230430

in a Urn Garden (Type of Burial Container) Funeral, date, time 11-3-06

Church, Chapel, Graveside Direct Burial ; SD 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. _____

Division 8 Section 4 Blk/Row _____ Lot 93 Grave _____

Grave space & Care Fund	$426.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container Urn Garden (Nd)	0
Handling Fees	0
Flower vases $65.71 Marker setting fee $178.00	243.71
Recording/Filing/Transfer Fees W05286 W05235	$65.00
Sales taxes	0
Total Due	$883.71
Paid receipt number P-00536	$883.71
Balance due	0

PAID
OCT 16 2006
MOUNT HOPE CEM

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

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

Joyce Cardoza
Signature

x Joyce CARDOZA
Print Name

x 801 Magnolia Ave #114
Address

x Corona CA 92879
City Zip Code

x 951 549 0059
Telephone

Invoice # _____

Work Order # E-19942

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19942

CALIFORNIA

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 07-12-09

N6009734

ALICE ANDERSON
4330 ESTRELLA AVE APT 8
SAN DIEGO CA 92115

SEX:F HAIR:BLK EYES:BR
HT:5-01 WT:170 DOB:07-12-36

07/23/1999 586 A2 FD/89

E19942

OFFICIAL [redacted]

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

CITY [redacted]IEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00[redacted]

Date: 10-16-06, 20 06

From: Joyce CArdoza Address: 801 Magnolia Ave #114 Corona CA. 92879

Eight hundred + Eighty Three dollars 71/100 Dollars ($ 883.71)

in Full Payment of Pre Need service FOR Alice Anderson marker setting Fee & trionvase

Div 8 Sec 4 Blk/Row Lot 93 Grave

Invoice No. E-19942

Acct. No.

W.O.

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check #6646

AC-212 (11-05) $883.71

This information is available in alternative formats upon request.

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

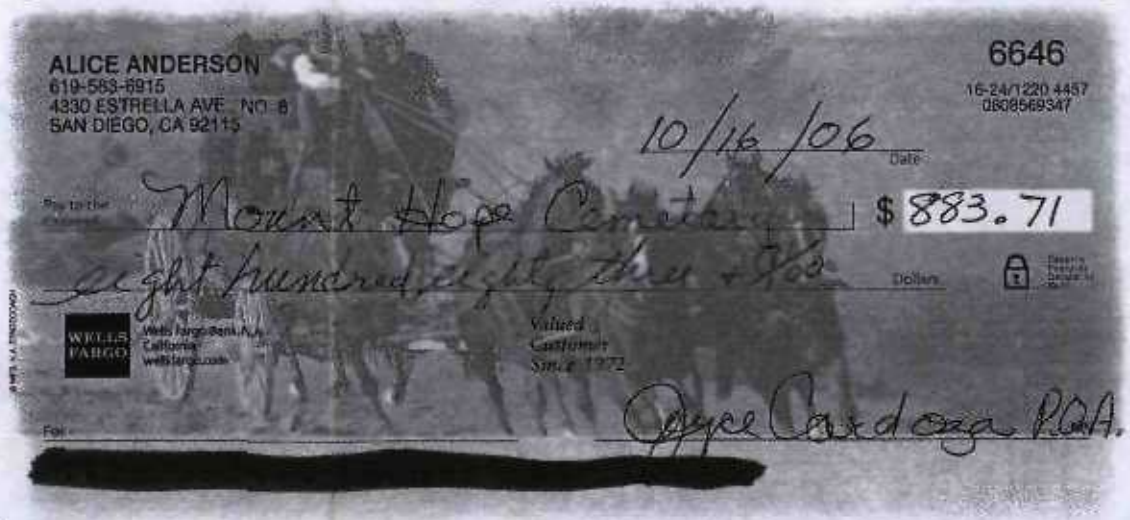
PAID

OCT 16 2006

MOUNT HOPE CEME[illegible]

ISSUED BY Sandra

CREDIT	67007	85	20
20% Sales Care	77184		
Pre-Need	63033	798	51
Trust	77186		
TOTAL PAID	$	883	71



ALICE ANDERSON
619-583-6915
4330 ESTRELLA AVE NO. 8
SAN DIEGO, CA 92115

6646
16-24/1220 4457
0808569347

10/16/06 Date

Pay to the Order of Mount Hope Cemetery $ 883.71

eight hundred eighty three + 71/100 Dollars

WELLS FARGO Wells Fargo Bank, N.A. California wellsfargo.com

Valued Customer Since 1972

For Joyce Cardoza PQA.

[redacted]

E19942

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 No vault req.

			X			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 11-3-06

Interment space for: Alice Anderson Ø

Interment Date: 11-3-06 Time: AYD

Div: B Sect: 4 Blk/Row: ____ Lot: 93 Gr: ____

Grave Laid out by: DAVID N.

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 11-3-06

CREMAINS WERE PLACED ____

10 E19942

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 7398-03

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALICE	-	ANDERSON	07/12/1936	10/21/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	JOYCE CARDOZA, SISTER IN LAW 801 MAGNOLIA AVE #114 CORONA, CA 92879

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
SAN DIEGO CREMATION SERVICE, 1761 HOTEL CIRCLE SOUTH #122 SAN DIEGO, CA 92108	FD1481	▶	10/25/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	10/27/2006	▶ 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)

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 11-3-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kuya F. Jamge	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 609D CRANE ST LAKE ESLINORE, CA 92530	12B. DATE CREMATED 10-30-06	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 Neeol

Date 10-16-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rev. George Stevens

in a _____ (Type of Burial Container) Funeral, date, time Oct. 24th Tues. 1:00

Church, Chapel, Graveside Bayview Baptist Anderson-Ragsdale Mortuary.

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

Division 10 Section _____ Blk/Row _____ Lot 1524 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	

2010

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-19943

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Preneed
Lot & Trust
Ashes @
Urn Garden

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/16/2006

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Teresa SerrATO ☒ 230429

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 328 Grave 1

Grave space & Care Fund	426.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	
Total Due	640.00
Paid receipt number R-00595	640.00
Balance due	0

PAID
OCT 16 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 230429 I hold under deed.

Teresa Serrato
Signature

Maria Teresa Serrato
Print Name

4225 ILLINOIS ST
Address

SAN DIEGO 92104
City Zip Code

619 280-4742
Telephone

Invoice # _____

Work Order # E-19944

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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2

E19944

CALIFORNIA
IDENTIFICATION CARD
EXPIRES 10-24-08
B7767228
MARIA TERESA SERRATO
4225 ILLINOIS ST
SAN DIEGO CA 92104
SEX:F HAIR:BRN
HT:5-00 WT:180
DOB:10-24-48
11/19/2003 506 10 FD/09

AT-Need
(NON-RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-16-06

Pin # 230480

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lee Norman ✓

in a LINER (Type of Burial Container) Funeral, date, time Fri OCT 20, 06 11:00

Church, Chapel, Graveside ____ ; Ragsdale Mortuary.

Kevin 263-3141

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 248 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 R-59813	$4,465.82
Balance due	0

PAID
OCT 17 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-19945

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 1994 5 years 60 yrs

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

1A. NAME OF 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	Carson	Norman, Sr.	06/30/1946	08/29/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
New Orleans	Louisiana	Lee C. Norman, Jr. 5187 Silk Place 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, Inc, 5050 Federal Blvd., San Diego, CA 92102	FD-1329		10/09/2006

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109355 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	10/09/2006 B. Campbell	2605208 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10/20/06	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 IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

E 19945

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	Carson	Norman, Sr.	08/30/1946	08/29/2005	M

CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
New Orleans	Louisiana	Lee C. Norman, Jr. 5187 Silk Place San Diego, CA 92105

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, Inc, 5050 Federal Blvd., San Diego, CA 92102	FD-1329	▶ [signature]	10/09/2006

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	10/09/2006 B. Campbell	2605208 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10/20/06	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 IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

E19945

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 Liner

			5 X	Lucille Young 6		
		Debby Chambers 10		Kedran Howard 12		

Blind Check Initiated By: MAEHA Rodriguez Date: 10-18-06

Interment space for: Lee Norman

Interment Date: FRI Oct 20, 06 Time: 11:00 GS

Div: 12 Sect: 2 Blk/Row: ____ Lot: 248 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARREN Date: 10-18-06

CREMAINS WERE PLACED ____

E19945

OFFICIAL RECEIPT

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

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

R-59813

Date: 10-18-06, 2006

From: Ragsdale Address: 5050 Federal Blvd S.D. CA. 92102

Four thousand four hundred sixty-five 82/100 Dollars ($ 4,465.82)

in Full Payment of At-Need Services For Lee Norman

Div 12 Sec 2 Blk/Row ____ Lot 248 Grave 5

Invoice No. E-19945

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check # 13530

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

OCT 18 2006

MOUNT HOPE

ISSUED BY Sandra

CREDIT	87007	602	20
20% Sales Care	77184		
80% Sales	100	2,408	80
of Lots	77184		
Opening/	100		
Closing	77181	708	00 O/C
Burial	100		
Containers	77182	359	00 B/C
	100		
Handling Fee	77185	275	00 H/F
Recording &	100		
Misc. Fees	77183	85	00 R/F
Sales Tax	60101	27	82 tax
	78390		
TOTAL PAID	$	4,465	82

13930

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

10/17/2006

PAY TO THE ORDER OF **Mt. Hope Cemetery** $ **4,465.82

Four Thousand Four Hundred Sixty-Five and 82/100********DOLLARS

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

MEMO: **Gravesite for Norman, Lee #06-108**

Security features. Details on back.

⑈013930⑈ ⑆122238682⑆ 700385048⑈

AT-Need
(Non-Res)

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 10-16-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lee Norman in a Liner (Type of Burial Container) Funeral, date, time Fri OCT 20 06 11:00 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 2 Blk/Row ____ Lot 248 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	225.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Mort To Pay Total Due	$4,465.82
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. Pin # 230479

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

Signature

X James T. Norman
Print Name
X 5542 Encina
Address
X SD, CA 92114
City Zip Code
X 619-571-2119
Telephone

Work Order # E-19945

Invoice # ____
Acct. # ____

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

Please sign on All X's & Return To Mt Hope

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 10/16/06

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Javier Soriano #230436

in a D.D. Crypt A Type of Burial Container Funeral, date, time SAT OCT 21 06 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 $ ____

will be applied and billed to undersigned. ____

Division 11 Section 2 Blk/Row ____ Lot ~~15~~ 15 (MDL) Grave ~~6~~ 6 (MDL)

Grave space & Care Fund	1,132.—
Overtime/Late Arrival Fees (MDL) SAT FEE 50% Low INCOME	425.50
Opening/Closing & Setup	266.50
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	21.77
Total Due	# 2,891.27
Paid receipt number R-59813	# 2,891.27
Balance due	0

PAID

OCT 17 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.

230437

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

X Carmen Soriano
Print Name

X 3158 G St
Address

X Carmen Soriano
Signature

X 3158 San Diego 92102
City Zip Code

Designee: Sergio Soriano Morante

(619) 232-1821
Telephone

Mail Deed 10-19-06

Invoice # ____

Work Order # E-19946

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19946

59813

OFFICIAL RECEIPT

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

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

Date: 10-17-06 , 20 06

From: Maria Soriano Address: 3158 G ST S.D. CA. 92102

Two Thousand Eight hundred ninty-one dollars 27/100 Dollars ($ 2,891.27)

in Full Payment of AT-Need Services For Javier Soriano

Div 11 Sec 2 Blk/Row ____ Lot 11 Grave 5

Invoice No. E-19946

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check

#2109
#272

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

OCT 17 2006

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101		
	78390		
TOTAL PAID	$	2,891	27

Security features are missing. Front of document has a bright reflective border that loses detail. Erased Signature line appears broken if reproduced. Back of check features an original...

THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

149349
San Diego 20th (Spanish) Ward
0149349 11/85
SAN DIEGO, CALIFORNIA

Corporation of the President of
The Church of Jesus Christ of Latter-day Saints
Finance and Records Department, Floor 15
50 East North Temple Street
Salt Lake City, Utah 84150-1780
Phone (801) 240-0555

ZIONS FIRST NATIONAL BANK
Salt Lake City, Utah
87-185/1243

Check No.
2109
2109

Check Amount
$2,000.00

02,O Soriano Morante, Maria Del Carmen De
Funeral

Date: 17 Oct 2006

Pay: **Two thousand and 0/100 Dollars**

To the order of: MT. HOPE CEMENTERY
USA

TWO SIGNATURES REQUIRED

AUTHORIZED SIGNATURE

⑈02109⑈ ⑆124301850⑆00903010493490⑈ 010

MLSLASRW

MARIA CARMEN SORIANO
3158 G ST (619) 232-4821
SAN DIEGO, CA 92102

272

Date 10/17/07

16-66/1220
50

Pay to the order of Mount Hope Cemetery $ 891.27

Eight hundred ninetyone 27/100 Dollars

Bank of America.

San Diego Main
450 B St
San Diego CA
858.403.5400

For Entrada

Carmen Soriano

⑈122300225⑈ 00508 11 0 3⑈

E19946

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: Javier Soriano

Address: 3158 G Street

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.

Signed/ Relationship — Date: Oct 16, 2006

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 HHS Letter

Approved by — Date: 10/16/06

Current HHS _____ documents verified on:
Approved By MPL
Date 10/16/06

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

Transit Travel I.D. [redacted] /A DETERMINACIÓN ANUAL DE MEDI-CAL

Expires 12/31/07
ORIANO, JAVIER M.
158 G STREET
AN DIEGO, CA 92102
[redacted]

[redacted]

State of California
Benefits Identification Card
No. 96271472E05346
AVIER SORIANO
06 14 1982 Issue Date 12 12 05

Fecha de la notificación: 09/25/06
Número del caso: BU27972
Nombre del/de la trabajador(a): M. Moreno
Número del/de la trabajador(a): MV14
Número de teléfono del/de la trabajador(a): (619) 767-5365
Horas hábiles: 8:00 AM - 12:00 PM
12:00 PM - 5:00 PM

¡NO PIERDA SUS BENEFICIOS DE MEDI-CAL O DE UN PLAN MÉDICO!
Llene y devuelva el formulario adjunto de una Nueva Determinación Anual.

Las leyes de Medi-Cal estipulan que, a fin de mantener su Medi-Cal, usted tiene que darnos información, por lo menos una vez al año. Nosotros utilizamos la información que usted nos da, para ver si usted puede seguir recibiendo Medi-Cal. A esto se le llama una Nueva Determinación Anual.

Llene el formulario de Nueva Determinación Anual, y envíenoslo, a más tardar el 10/20/06

Por ahora, su Medi-Cal sigue activa. Si usted no llena ni devuelve el formulario de Nueva Determinación Anual, tomaremos medidas, para interrumpir su Medi-Cal.

[redacted], y devuelva el formulario, aunque usted piense que posiblemente no tenga derecho a [redacted]ficios. Necesitamos el formulario y la información, para averiguar si usted o su familia [redacted] teniendo derecho a beneficios, y qué programa de Medi-Cal es mejor para usted o su [redacted]. Si usted tiene preguntas, o necesita ayuda con el formulario, llame a su trabajador(a), al número de teléfono que se indica en esta notificación.

Recuerde, si no recibimos su formulario completado, es posible que sus beneficios de Medi-Cal o de un plan médico se interrumpan. Si a usted se le pasa la fecha en que se vence, y aún desea recibir Medi-Cal, ¡llame a su trabajador(a), AHORA!

FORMULARIO ANUAL PARA VOLVER A DETERMINAR SU ELEGIBILIDAD PARA MEDI-CAL

¡Usted tiene que llenar este formulario, y devolvérselo al condado para conservar su Medi-Cal!

Número de caso (opcional)	Número de seguro social (opcional)
Escriba su nombre en letra de molde (Si no es la misma, corrija aquí la etiqueta con su dirección, en caso de habérsele proporcionado una.) Javier Soriano	Fecha de nacimiento (opcional) (mes/día/año) Jun 14, 1982
Dirección residencial actual, número de apartamento ☐ Marque aquí si la dirección es nueva 3158 G St	Ciudad San Diego Ca — Código postal 92102
Dirección postal, si es diferente a la de arriba	Ciudad — Código postal

Use pluma de tinta, y escriba sus respuestas en LETRA DE MOLDE. Si tiene alguna pregunta, o si necesita ayuda, para llenar este formulario, llame a su trabajador(a), al número de teléfono indicado en la Notificación Anual para Volver a Determinar su Elegibilidad. Asegúrese de firmar y fechar el formulario.

Use el sobre con franqueo pagado, para devolverlo. Si necesita más espacio, adjúntele a este formulario una hoja aparte.

Sección 1. Ingresos

(a) ¿Recibe usted o algún miembro de la familia, que vive en el hogar, dinero de un trabajo, del mantenimiento de los hijos o de una pensión de divorcio, del seguro social, de los beneficios para los veteranos militares, de los beneficios por desempleo o por incapacidad, de una jubilación, de regalos o de intereses o de dividendos? ☐ Sí ☑ No
Si la respuesta es sí, complete lo siguiente, y enumere cada fuente de ingresos en una línea separada.

Adjunte los talones de cheque más recientes, que muestren los ingresos antes de los impuestos o deducciones, las cartas de beneficios o de adjudicaciones, los cheques que se recibieron o una declaración firmada del empleador, o la declaración de impuestos federales sobre los ingresos del año pasado. Si los ingresos provienen de un empleo por cuenta propia, envíe una copia de su más reciente declaración de impuestos sobre los ingresos o de la declaración de ganancias y pérdidas.

Nombre de la Persona con Ingresos	Fuente de los Ingresos	Cantidad de los Ingresos (antes de cualquier deducción)	Frecuencia con la que se recibió pago (semanalmente, mensualmente, dos veces al mes)	Horas que Trabajó (por semana o por mes)

(b) ¿Recibe usted o algún miembro de la familia, que vive en el hogar, alquiler, servicios públicos, alimentos o ropa, de forma completamente gratuita? ☑ Sí ☐ No
Si la respuesta es sí, ¿quién? Carmen Soriano ¿Qué fue gratuito? todo lo necesario

(c) ¿Se recibió alquiler, servicios públicos, alimentos o ropa, a cambio de trabajo que se realizó? ☐ Sí ☑ No

Sección 2. Gastos y Deducciones

¿Paga usted o algún miembro de la familia, que vive en el hogar, por servicios de cuidado infantil o de cuidado de adultos, por seguro de salud o por primas de Medicare, por mantenimiento de los hijos o por pensiones de divorcio, ordenados por los tribunales, o por gastos educativos? ☐ Sí ☑ No
Si la respuesta es sí, complete lo siguiente, y enumere cada gasto/deducción en una línea separada.

Adjunte pruebas de los gastos/deducciones.

Nombre de la Persona con el Gasto/Deducción	Tipo de Gasto o Deducción	Cantidad del Pago	A quién se le pagó	Frecuencia con la que se realizó pago (semanalmente, mensualmente, dos veces al mes)
	N/A	N/A		

Sección 7. Ceguera/Impedimento/Incapacidad

a) ¿Tiene usted o algún miembro de la familia, que vive en el hogar, una condición física o emocional, que le haga difícil trabajar, atender a sus necesidades personales, o cuidar a sus niños? ☑ Sí ☐ No
Si la respuesta es sí, ¿quién? Javier Soriano

b) ¿Fue la condición física, mental o de salud el resultado de una lesión o accidente? ☑ Sí ☐ No
Si la respuesta es sí, explique: Cuando los sistemas de la enfermedad estan en comparado bien y se a lastimado a si mismo

Sec[redacted] Otra Información sobre Programas de Salud y Envíos a Servicios

[redacted]ijo recibe Medi-Cal con parte del costo y no desea que la información de su hijo se comparta con el programa Healthy [redacted]as de bajo costo, ponga una X en esta casilla. ☐

b) ¿Quiere información acerca del programa de salud sin costo alguno, para niños menores de 21 años [*el Programa de Salud para los Niños y Prevención de Incapacidad, también conocido por las siglas CHDP* (Child Health and Disability Prevention Program)]? ☐ Sí ☑ No

c) ¿Quiere información acerca del programa de alimentos suplementarios, sin costo alguno, para mujeres embarazadas o que están amamantando y para niños menores de 5 años [*el Programa para Mujeres, Bebés y Niños, también conocido por las siglas WIC* (Women, Infants, and Children Program)]? ☐ Sí ☑ No

d) ¿Quiere información acerca del Programa de Servicios de Atención Personal (*Personal Care Services Program*), un programa de atención a domicilio, para personas ancianas, ciegas o incapacitadas [también conocido como Servicios Auxiliares a Domicilio (*In-Home Supportive Services*)]? ☑ Sí ☐ No

CERTIFICACIÓN—La persona que completa este formulario tiene que leer y firmar lo siguiente.

- He recibido y leído una copia del formulario de Información Importante para las Personas que Solicitan Medi-Cal (MC 219).
- Estoy consciente de, entiendo y estoy de acuerdo en cumplir con todas mis responsabilidades, según se describen en el formulario MC 219.
- Certifico que reportaré todos los ingresos, bienes u otros cambios, que podrían afectar mi elegibilidad para recibir Medi-Cal, en un plazo de diez días, a partir del cambio.
- Entiendo que todas las declaraciones, incluyendo la información acerca de los beneficios y de los ingresos, que he hecho en este formulario, podrían estar sujetas a investigación y verificación.
- Declaro, bajo pena de perjurio, según las leyes del Estado de California, que toda la información proporcionada en este formulario es verdadera y correcta.

Firma [signature]	Fecha Oct 12 2006
[redacted] de Teléfono durante el Día o para Dejar Mensajes [redacted] 232-4821	Número de Teléfono en el Hogar ☐ Marque aquí si es un número nuevo (619) 232-4821
[redacted] le Testigo (si se firmó con una marca), del/de la intérprete o de la Persona Auxiliar Carmen Soriano	

—*Solamente para Uso del Condado*—

Worker Signature	Worker Number	Date Annual Completed

Referrals		Follow-up Forms		
☐ HF	☐ WIC	☐ DHS 6155	☐ MC 210 PS	☐ Other:
☐ CHDP	☐ PCSP	☐ MC 13	☐ DAPD Packet	

CONDADO DE SAN DIEGO

Fecha de la notificación : 09/25/2006
Nombre del caso : JAVIER SORIANO
Número del caso : BU27972
Nombre del trabajador : M. Moreno
Número del trabajador : MV14
Número de teléfono del trabajador : (619) 767-5365
Horas hábiles : 8:00 AM - 12:00 PM, 12:00 PM - 5:00
Dirección : 7947 Mission Center CT
San Diego CA 92108-1440

JAVIER SORIANO
3158 G ST
SAN DIEGO CA 92102-3225

****CARTA DE ENVIO PARA REDETERMINACION****

Los reglamentos requieren que redeterminemos su elegibilidad con regularidad. Su Redeterminación para ya se vence y debe ser completada antes de 11/30/2006.
Favor de regresar su paquete de Redeterminación por correo al domicilio mencionado arriba para que se recibe antes de 10/20/2006. Si usted prefiere entregar su paquete de Redeterminación en persona, por favor llame a su trabajador(a) para programar una cita. FAVOR DE NO VENIR SIN CITA.
Si aparece en esta carta una lista de verificaciones, por favor incluya todas las verificaciones que están en esta carta con su paquete. Es su responsabilidad mandar los documentos de verificación. Mande todos los documentos que apliquen a su familia.
Si aparece en esta carta una lista de formas, por favor lee la lista de formas que viene con el paquete. Por favor completa, firme y fecha las formas necesarias y mándelas por correo con su paquete.
Si no recibimos su paquete de Redeterminación completo antes de la fecha de vencimiento, concluiremos que a usted ya no le interesó recibir asistencia.
Comentarios:

Hemos revisado su caso y hallamos que usted necesita proveer las siguientes verificaciones:
POR FAVOR ENVIE VERIFICACIONES RECIENTES DE INGRESOS Y PROPIEDADES

La siguiente es una lista de formas incluidas en este paquete.

E19946

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 D.D. First Burial.

			X 6			
		A, M Davis 11	12			

Flagged Yes ✓ No

Blind Check Initiated By: Juliette Date: 10-18-06

Interment space for: Javier Soriano

Interment Date: Sat, Oct 21, 06 Time: 12:00pm/Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 15 Gr: 6

Grave Laid out by: Norma Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARLEY/ Date: 10-18-06

CREMAINS WERE PLACED ____

E19946

24

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAVIER	-	SORIANO JR	06/14/1982	10/12/2006	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	CARMEN SORIANO, MOTHER 3158 G. 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 CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	Clarinda Lins	10/19/06

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	10/19/2006	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
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 10/20/06	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

IN Grave with CAROL INouye ⊗

Date 10-17-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John W INouye ⊗ fin 225

in a Ash vault (Type of Burial Container) Funeral, date, time Mon oct 30, 06 10:30

Church, Chapel (Graveside) : Community Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. MAY 4 6-2006

X

Division 10 Section _____ Blk/Row _____ Lot 5275 Grave _____

Grave space & Care Fund E-9793 (1991)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	Ø
Burial Container Ash vault	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number	Ø
Balance due	Ø

cremains must FIT Ash vault must be 13 1/2 long x 9" wide x 6" H

CA permit must accompany cremains

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

X CRAIG INOUYE
Print Name

X 2553 COOTAMUNDRA AVE.
Address

X SPRING VALLEY 91977
City Zip Code

X 619-462-3396
Telephone

Invoice # _____

Work Order # E-19947

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

DP# 3821487 10/31/06

E19947

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Carol Inouye (X)

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

	APYTIOTIOBA		X	KAHOURI	HATAUYE	
			KAWAMOTO			

Blind Check Initiated By: _____ Date: _____

Interment space for: John Inouye (X)

Interment Date: MON OCT 30, 06 Time: 10:30 (GS)

Div: 10 Sect: ____ Blk/Row: ____ Lot: 5275 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 10-19-06

CREMAINS WERE PLACED MIDDLE

E19947

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	WATARU	INOUYE	12/18/1920	10/16/2006	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	CRAIG INOUYE, SON 2553 CENTRAL 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
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA, CA 91911	FD1682	▶	10/23/06

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

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/23/2006	▶ 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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CREMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 10-30-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES, INC. 2570 FORTUNE WAY VISTA, CA 92083	12B. DATE CREMATED 10/23/06	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 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.)

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need (NON-Res)

Date 10-18-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EONA Mae Marcum Pin 133960

in a LINER Type Container Funeral, date, time Tues OCT 24, 06 12:00

Church (Chapel) Graveside : El Cajon Mortuary.

pam 440-8033

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. Sue Cox X

Division 12 Section 2 Blk/Row ____ Lot 96 SL Grave 5

Grave space & Care Fund E-18035 (2003)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup PAID	708.00
Burial Container LINER	359.00
Handling Fees TRION WO# 5184 OCT 18 2006	275.00
Flower vases – Marker setting fee	88.72
Recording/Filing/Transfer Fees MOUNT HOPE	85.00
Sales taxes	27.82
Total Due	$1,543.54
Paid receipt number R-59814	1,543.54
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 Sue Cox X

X Sue Cox
Print Name

X 800 Murray Dr.
Address

X El Cajon, CA 92020
City Zip Code

X 619-697-1653
Telephone

Invoice # ____

Work Order # E-19948

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Fax
El Cajon Mart
440-0176

E 19948

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT / CERTIFICATION NO: E-18035 DATE: 09/16/2003

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: Patricia McPherson

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of $ 985.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK/ROW: _____ LOT: 96 GRAVE(s): 5

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 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 16th day of September 09-16-03 12:26 OUT

Signature / Date

Ray Snider

Ray Snider, Cemetery Manager

DIVERSITY BRINGS US ALL TOGETHER

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

MT HOPE CEMETERY E-19948

GRAVE BLIND CHECK FORM

IN GRAVE WITH D

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

2	3	Charles. Mary 4	EDNA Harum. X 5	McHaffey 6		
8	D O'Connor	C. Phelps 10	CARTER 11	12		

Flagged Yes ✓ No

Blind Check Initiated By: Macha Rodriguez Date: 10/18/06

Interment space for: EDNA Mae Marcum

Interment Date: 10-24-06 Time: 12:00pm

Div: 12 Sect: 2 Blk/Row: ____ Lot: 96 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 10-20-06

CREMAINS WERE PLACED ____

E19948

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

90

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EDNA	MAE	MARCUM	12/28/1915	10/14/2006	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	SUE COX, DAUGHTER 800 MURRAY DR EL CAJON, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAJON-LAKESIDE-SANTEE MORTUARY & CREM SER, 684 S MOLLISON AVE EL CAJON, CA 92020	FD1022	▶ Carla Bowen	10/18/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/18/2006	▶ 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 DID 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 MOUNT HOPE CEMETERY,3751 MARKET ST,SAN DIEGO, CA 92101	11B. DATE BURIED 10-24-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jump	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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.)

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MT. HOPE CEMETERY

INTERMENT ORDER

QUITCLAIM TRANSFER
DONATION

City of San Diego

Date 10/19/2006

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mt. Hope Cemetery from Pauline Hamann & Heirs

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 L Blk/Row _____ Lot 2 Grave 17

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

Pin# 229833

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

David Lugo, Manager
Signature

Mt. Hope Cemetery
Print Name

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E-19949

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

printed on recycled paper

E19949

THE CITY OF SAN DIEGO

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

Date: 10/18/06

I/We Pauline Hamann Heir/Great Grandniece of Mr. R. Learmonth (Mr. Learmonth interred in Lake Elsinore)

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO Mt. Hope Cemetery / David Lugo Cemetery Manager to be used for Charitable donation

Street Address: 3751 Market Street Apt / Unit #: _____

City: San Diego ST: CA Zip-Code: 92102

Telephone #: (619)527-5473

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: MAS Section: L Blk / Row: _____

Lot(s): 2 Grave(s): 17

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 18 day Oct. 2006

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

Macha Rodriguez
WITNESS

Pauline A. Hamann
Legal Owner / Reprehensive Signature

WITNESS

Legal Owner / Reprehensive Signature

David Lugo
CEMETERY REPREHENSIVE NAME

Cemetery Reprehensive Signature

L

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Quitclaim Transfer

Date 10/20/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of from Bobby L. Jones to Mark Jenkins 364

in a _____ Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned _____

Division 11 Section 2 Blk/Row _____ Lot 12 Grave 11

PAID

OCT 20 2006

MOUNT HOPE CEMETERY

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	65.00
Sales taxes	—
Total Due	65.00
Paid receipt number P-00534	65.00
Balance due	0

I hereby certify I am the new owner of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 364

X MARK JENKINS
Print Name

X 6163 UNIVERSITY
Address

X SAN DIEGO, CA 92115
City Zip Code

X 619-584-7000
Telephone

Signature

Invoice # _____

Work Order # E-19950

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19950

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 2 Lot 112 Grave 11

2. My legal authority to the above property is based on the following facts: I am the spouse of owner of the lot. I would like to transfer the ownership and delegation of right to inter to the following person: x

Name + Address of new owner: x Mark Jenkins
6163 University
SAN DIEGO, CA
92115 ~~9210~~

3. I have presented the following evidence to support the above facts.
certified copy of death certificate.
I.d. Card for spouse of owner of lot.
deed of ownership

DL

Rev. 08/05

E19950

FOR OFFICE USE ONLY

Witnessed:

Signed on Oct. 24th (Date), 2006 in San Diego (City)

Signature [signature] Print Full Name David Lugo

Documents Presented:

Processed by: [signature]

Approved by Cemetery Manager: X

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

DL

Rev. 08/05

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 Oct. 20, 2006 (Date) in San Diego (City)

Signature Bobby Lee Jones Print Full Name Bobby L. Jones

To have deed sent to you, fill in your mailing address here:

Full Name _____

Address _____

City, State & Zip Code _____

4. The Last Step: To finish transfer of ownership, you must **EITHER**:

(1) File this form with the Mt. Hope Cemetery Administrative Office; **OR**
(2) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102.
(3) Enclose a check or money order for ($130) for Transfer fee ($65) and Deed Re-issue ($65). These monies will be returned if transfer not allowed.

5. Notarization: Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of _____

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

E 19950

UNITED STATES UNIFORMED SERVICES
INDEF
JONES BOBBY L
IDENTIFICATION CARD

E19950

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

JONES, C.
91-1543

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO., DAY, YR.	2B. HOUR	3. SEX
CLARA	JEANETTE	JONES	July 29, 1991	1140	F

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO., DAY, YR.	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Afro/American	☐ YES ☒ NO	November 19, 1930	60		

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
MS	USA	Clarence Carter	MS	Mattie Gordon	MS

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	428 40 9175	Married	Bobby Lee Jones

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Homemaker	Own Home	Self-Employed	20	13

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
4964 Carolina Place	San Diego	92102

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	41	California	Bobby L. Jones - Husband 4964 Carolina Place San Diego, CA 92102

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Home		San Diego

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER
4964 Carolina Place	San Diego		☒ YES 91-1543 ☐ NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE	(A) Asthma; hypertensive and arteriosclerotic cardiovascular disease	▶	years
DUE TO	(B)	▶	
DUE TO	(C)	▶	

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.
Diabetes mellitus	No

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
		▶		

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS

CORONER'S USE ONLY

236

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TYPE OR CORONER OR DEPUTY CORONER	28B. DATE SIGNED
▶ L.K. JARIWALA, M.D., Deputy Medical Examiner L.K. Jariwala M.D.	7-30-91

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
Natural		☐ YES ☐ NO		

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
BU	Mt. Hope Cemetery; San Diego, CA	8-3-91	Harbuld V. Ragsdale II	4889

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Anderson-Ragsdale Mortuary	F-1329	▶ Donald L. Pond, M.D.	AUG 0 1 1991

STATE REGISTRAR

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

VS-11 (REV. 1-90) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

This is a true certified copy of the record filed in the office of the seal of the Health Officer imprinted hereon.

Donald L. Pond, M.D. Health Officer
San Diego County, California

SEAL
COUNTY OF SAN DIEGO
HEALTH OFFICER

AUG 0 1 1991

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
Non-Res.

Date 10/20/00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Santiago Ramirez Pin 230448

in a Liner (Type of Burial Container) Funeral, date, time Tues Oct. 24, 11:00

Church, Chapel, Graveside St. Pias — Community 619 426 2006 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 203—

will be applied and billed to undersigned. initial → X

Division 11 Section 1 Blk/Row — Lot 142 Grave 7

Grave space & Care Fund E15297 10/12/1999 —

Overtime/Late Arrival Fees —

Opening/Closing & Setup —

Burial Container —

Handling Fees —

Flower vases – Marker setting fee Trio vase pd 10-2-01 (WO 5190) —

Recording/Filing/Transfer Fees —

Sales taxes —

Total Due —

Paid receipt number — —

Balance due —

fax 619-426-3616

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

Paul Cotta

X
Print Name
X
Address
X
City Zip Code
X
Telephone

See attached signature

Invoice # _____

Work Order # E-19951 Acct. # _____

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

Printed on recycled paper

10/25/00 DP 3821486 Interfund Transfer ✓

E/9951

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

		CASSARD	X		VALEW II	
		CARTER			HEEKIN	

Flagged **Yes** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Santiago Ramirez

Interment Date: 10-24-06 Time: 11:00 church

Div: 11 Sect: 1 Blk/Row: _____ Lot: 142 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARREL Date: 10-20-06

CREMAINS WERE PLACED _____

INTERMENT ORDER

City of San Diego

At need
Non-Res.

Date 10/20/06

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

in a Liner (Type of Burial Container) Funeral, date, time Tues Oct. 24, 11:00

Church, Chapel, Graveside St. Pias : Community Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 263.— will be applied and billed to undersigned. Initial → X

Division 11 Section 1 Blk/Row ~ Lot 142 Grave 7

Grave space & Care Fund E15297 ⊖

Overtime/Late Arrival Fees —

Opening/Closing & Setup —

Burial Container —

Handling Fees —

Flower vases – Marker setting fee Triangular pd 10-2-01 ⊖

Recording/Filing/Transfer Fees —

Sales taxes —

Total Due ⊖

Paid receipt number —

Balance due ⊖

Fax 619-426 3616

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 [signature]
Signature

X Lilia Ramirez
Print Name

X 809 Plaza Mar
Address

X C.V. Cal 91910
City Zip Code

X 619 7 6910066
Telephone

Invoice #

Work Order # E-19951

Acct. #

This information is available in alternative formats upon request.

E19951

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SANTIAGO	-	RAMIREZ	07/25/1939	10/19/2006	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	LILIA RAMIREZ, SPOUSE 809 PLAZA MAR 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		

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	10/20/2006	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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 10-24-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Lanyon	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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 (NON-RES)

City of San Diego

E-19953

cremains of George Posthumus Date 10-20-06

will be IN casket of Frances Posthumus

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances A Posthumus mortuary or FAMILY will

In a LINER (Type of Burial Container) Funeral, date, time 10/26 Delivery time

Church, Chapel, Graveside Delivery only : Humphrey 425-9111 Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 107 Grave 2 A

Grave space & Care Fund	$3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$708.00
Burial Container LINER PAID	$359.00
Handling Fees OCT 20 2006	$275.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees MOUNT HOPE	$85.00
Sales taxes	$27.82
Total Due	$4,465.82
Paid receipt number R-59812	$4,465.82
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.

DL 230457

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

Bruce W. Posthumus X
Signature

X Bruce W. Posthumus
Print Name

X 4244 Del Mar Ave.
Address

X San Diego, CA 92107
City Zip Code

X 619-223-9694
Telephone

Invoice # _____

Work Order # E-19952

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19952

OFFICIAL RECEIPT

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

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

59812

Date: 10-20-06, 20 06

From: Posthumus Address: 4244 Del mar Ave SD. 92107

Four thousand five hundred fifty dollars 82/100 Dollars ($ 4550.82)

In Full Payment of AT need Services For Frances & George Posthumus Full body & cremains

Div 12 Sec 2 Blk/Row ___ Lot 107 Grave 2 A+B

Invoice No. E-19952 + E-19953

Acct. No. ___

W.O. ___

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check #2254

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

OCT 20, 06
PAID
OCT 20 2006
MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	602	20
20% Sales Care	77184	2,408	80
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181	708	00 o/c
Burial	100		
Containers	77182	359	00 B/C
	100		
Handling Fee	77185	275	00 H/F
Recording &	100		
Misc. Fees	77183	170	00 R/F
Sales Tax	60101	27	82 tax
	78390		
TOTAL PAID	$	4,550	82

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

Contractors license # N0141409

BRUCE W. POSTHUMUS
4244 DEL MAR AVE. 619-223-9684
SAN DIEGO, CA 92107

90-8169/3222
000000023696

2254

DATE 10/20/06

PAY TO THE ORDER OF Mount Hope Cemetary $ 4550.82

Four thousand five hundred fifty and 82/100 DOLLARS

USE CREDIT UNION
3131 Camino Del Rio North, Suite 100
San Diego, California 92108-5707
www.use.cu.org
(800) 233-0250

MEMO interment

Bruce W. Posthumus

[redacted]

E19952

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

	WILLIAMS	CARTER	X			
	BONNIE	SULLIVAN	STUHLER			

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: _____

Interment space for: FRANCES A. POSTHUMUS

Interment Date: 10-26-06 Time: 10:00

Div: 12 Sect: Z Blk/Row: _____ Lot: 107 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 _____

E19952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	ALTHEA	POSTHUMUS	12/09/1918	10/17/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	BRUCE W. POSTHUMUS, SON 4244 DEL MAR AVENUE SAN DIEGO, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964	▶ Kim Beaulieu	10/24/2006

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	10/24/2006	▶ 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
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 10-26-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Karen 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 2 IS RETAINED BY 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

City of San Diego

AT-Need
NON-Res
cremains will be placed IN The
Casket of Frances A Posthumus

Date 10-20-06
Related order E-19952

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

of George Posthumus (X) Pin 230459

in a No Vault Req (Type of Burial Container) Funeral, date, time Fa[illegible] 10/26 [illegible] time

Church, Chapel, Graveside Delivery only ; Humphrey Mortuary. 425-9111

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 107 Grave 2 B

Grave space & Care Fund E-19952 (2006)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container No vault required - cremains to be placed IN Casket of Frances Posthumus E-19952	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	$ 85.00
Sales taxes	0
Total Due	$ 85.00
Paid receipt number R-59812	$ 85.00
Balance due	0

PAID
OCT 20 2006
MOUNT HOPE C[illegible]

Burial permit must accompany decease of Time of Interment

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.

Bruce W. Posthumus X
Signature

Pin 230457
X Bruce W. Posthumus
Print Name
X 4244 Del Mar Ave
Address
X San Diego, CA 92107
City Zip Code
X 619-223-9684
Telephone

Invoice # _____

Work Order # E-19953

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19953

OFFICIAL RECEIPT

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

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

59812

Date: 10-20-06, 20 06

From: Posthumus Address: 4244 Del mar Ave SD. 92107

Four thousand five hundred fifty dollars 82/100 Cents Dollars ($ 4550.82)

in Full Payment of AT need Services For Frances & George Posthumus (Full body cremains)

Div 12 Sec 2 Blk/Row ____ Lot 107 Grave 2 A+B

Invoice No. E-19952 + E-19953

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check #2254

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

OCT 20, 06
PAID
OCT 20 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	602	20
20% Sales Care	77184	2,408	80
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	708	00 O/C
Burial Containers	100 77182	359	00 BIC
	100		
Handling Fee	77185	275	00 HIF
Recording & Misc. Fees	100 77183	170	00 RIF
Sales Tax	60101 78390	27	82 tax
TOTAL PAID	$	4,550	82

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

CA Mortuary License # NO141409
BRUCE W. POSTHUMUS
4244 DEL MAR AVE. 619-223-9684
SAN DIEGO, CA 92107

90-8169/3222
300000023696

2254

DATE 10/20/06

PAY TO THE ORDER OF Mount Hope Cemetary $ 4550.82

four thousand five hundred fifty and 82/100 DOLLARS

USE CREDIT UNION
3131 Camino Del Rio North, Suite 100
San Diego, California 92108-5707
www.usecu.org
(800) 233-0250

MEMO interment

Bruce W. Posthumus

[redacted]

E19953

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GEORGE	-	POSTHUMUS	09/06/1915	01/02/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ARCADIA	LOS ANGELES	BRUCE W. POSTHUMUS - SON 4244 DEL MAR AVENUE SAN DIEGO, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
HUMPHREY MORTUARY 753 BROADWAY - CHULA VISTA, CA 91910	FD964	▶ Kim Beaulieu	10/24/2006

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	Kim Beaulieu 10/24/2006	2605285 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. FIGUEROA STREET LOS ANGELES, CA 90012	P.O. BOX 85222 SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10-26-06	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 IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

At need
in grave of
David W. Pasarilla
husband

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/23/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Norma Jean Pasarilla fin 230455

in a Liner (Type of Burial Container) Funeral, date, time Wed OCT 25 2:00 pm

Church, Chapel, Graveside Delivery : B Mort in Arizona Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ X 298.-

will be applied and billed to undersigned.

Division 10 Section _____ Blk/Row _____ Lot 863 Grave _____

Grave space & Care Fund E-2832	-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 MC 041496	1,454.82
Balance due	-0-

PAID
OCT 23 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 [signature]
Signature

X Michael D. Pasarilla
Print Name
X 206 Pala Cir
Address
X Placentia, CA 92870
City Zip Code
X 714-577-1180
Telephone

Invoice # _____

Work Order # E-19954

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19954

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH David Willard Pasarilla Liner D.I.P.

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

		KEITT				
		BOUTELL	X		WHITE	
		TOTH	TOTH	BELNER		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 10-23-06

Interment space for: Norma Jean Pasarilla

Interment Date: Wed 10/25 Time: 2:50 pm

Div: 10 Sect: ____ Blk/Row: ____ Lot: 963 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 ____

E19954

USE TYPEWRITER WITH FRESH BLACK RIBBON

-22041

SEE MANUAL FOR COMPLETION INSTRUCTIONS.

ZIPSET®

TRANSIT COPY
(This copy must accompany body to final destination)

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
DISPOSITION - TRANSIT PERMIT

REGISTRAR'S FILE NO. 22041

IDENTIFICATION OF DECEASED

1. NAME OF DECEASED: A. FIRST: NORMA; B. MIDDLE: JEAN; C. LAST: PASARILLA
2. SEX: FEMALE
3. AGE: 75
4. RACE/ETHNICITY: WHITE
5. DATE OF DEATH: OCTOBER 19, 2006
6. PLACE OF DEATH: A. TOWN OR CITY: SCOTTSDALE; B. COUNTY: MARICOPA; C. STATE: ARIZONA
7. CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES): NATURAL CAUSES

MANNER AND PLACE OF DISPOSITION

8. ☒ BURIAL ☐ OTHER (SPECIFY) ☐ CREMATION ☒ REMOVAL
9. FUNERAL HOME: A. NAME: BUNKERS DESERT VIEW CHAPEL; B. STREET ADDRESS: 9702 E. APACHE TRAIL; C. CITY AND STATE: MESA, AZ
10. FUNERAL DIRECTOR'S SIGNATURE: Roger B. Shaffer
11. DATE SIGNED: 10-23-06
12. PLACE OF BURIAL OR OTHER DISPOSITION: A. NAME: MOUNT HOPE CEMETERY; B. STREET ADDRESS: 3751 MARKET STREET; C. CITY AND STATE: SAN DIEGO, CA 92102

REGISTRAR'S AUTHORIZATION FOR DISPOSITION

13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.
14. REGISTRAR'S SIGNATURE: Dina A. Valdivia Deputy
15. REGISTRATION DISTRICT: 0708
16. DATE SIGNED:

DISPOSITION OF BODY

17. BODY WAS: ☒ BURIED ☐ CREMATED ☐ (SPECIFY) OTHER
18. CEMETERY OR CREMATORY: A. NAME: MOUNT HOPE CEMETERY; B. STREET ADDRESS: 3751 MARKET STREET; C. CITY AND STATE: SAN DIEGO, CA 92102
19. DATE OF DISPOSITION:
20. CEMETERY MANAGER'S SIGNATURE: PD

STATE REGISTRAR USE

21. DATE RCVD IN STATE OFFICE:
22. A. REGISTRAR'S SIGNATURE: B. TITLE:

VS-7 REV. 10/04

CEMETERY MGR.: MAIL TRANSIT COPY IN 10 DAYS TO VITAL RECORDS, P.O. BOX 3887
DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA 85030

E19954

75

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NORMA	JEAN	PASARILLA	08/17/1931	10/19/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SCOTTSDALE	ARIZONA	BUNKERS DESERT VIEW CHAPEL 9702 E. APACHE TRAIL MESA, AZ 85207

7A. TYPED NAME AND ADDRESS OF 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 MORTAURY: 6322 EL CAJON BLVD. SAN DIEGO, CA 92115	FD-1083	▶ M. Dominguez	10/23/2006

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 REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/23/2006 M. DOMINGUEZ	2605276 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-25-06	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.

E/1954

GEORGES' ASHES
ARE INSIDE
CASKET OF
FRANCES - A FRANCES
LOST

MT. HOPE CEMETERY

INTERMENT ORDER

At need in grave w/ brother-in-law Demond Limbrick

City of San Diego

Date 10/23/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Denise Devaus (N.R. Fee)

in a Double-Depth "B" Type of Burial Container Funeral, date, time Friday Oct. 27, 2006 (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 $ 283.00 will be applied and billed to undersigned. X _____

Division 11 Section 2 Blk/Row _____ Lot 100 Grave 1

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	—
Total Due	793.00
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.

X _____
Signature

Paulette

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached for signature

Invoice # _____

Work Order # E-19955

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E79955

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Demond Lambrick

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

				BROWN		
			X	LOCKHART		
				MITCHELL		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 10 23 4

Interment space for: Denise Devous

Interment Date: Fri. Oct 27th Time: 11:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 100 Gr: 1

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 19955

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-28-93

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

in a Double Depth Crypt (Vault/Urn) Funeral, date, time Thurs 1pm 7/1

Church, Chapel, Graveside Church + Grave (Date) : Rapdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Shirley J Norwood-Scott

War time veteran No.

✓ Lot 100 Grave 1 Row _____ Section 2 Division/[redacted] 11

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	360.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	27.90
Total Due	1797.90
Paid receipt number 43843	449.00
Balance due	1348.90
	1348.90

PAID in full JUL 13 1993 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF

30 Day Note

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 of recorded holder of deed

Shirley J Norwood-Scott
Signature
5540 Santa Margarita Dr
Address
San Diego 92114
City Zip Code
(619) 262-5013
Telephone

Invoice # 221829

Work Order # E 10904 ✓

Acct. # 078051

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/23/06

At need in grave w/ brother-in-law Bernard Limbrick

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Denise Devaus (N. B. Fee) [1100]

in a Double-Depth "B" Funeral, date, time Friday Oct. 27, 2006 [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 $ 283.00 X

will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row ____ Lot 100 Grave 1

Grave space & Care Fund	708.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	85.00
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	793.00
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 I hold under deed

X Shirley Norwood-Scott

Paulette

X Shirley Norwood-Scott
Print Name
3976 60th St 128
Address
San Diego 92115
City Zip Code
619 583 7328
Telephone

Invoice #

Acct. #

Work Order # E-19955

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Quit claim transfer Lot/Trust 224568

Date 10-23-06

230528

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of from Hoi Thi Tout to Mario L. Rodriguez

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 3542 Grave _____

Grave space & Care Fund E-8768	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing Transfer Fees	65.00
Sales taxes	—
Total Due	65.00
Paid receipt number Visa 015123	-65.00
Balance due	0

PAID

OCT 23 2006

MOUNT HOPE CEMETERY

Property/Right to Inter (MDL)
Transfer - all services
Paid per E-8768 10/23/06
$0 due

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

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

X Mario Rodriguez
Signature

X MARIO L. RODRIGUEZ
Print Name

X 910 LA JUERTA WAY
Address

X SAN DIEGO, CA 92154
City Zip Code

X 619-690-3719
Telephone

Invoice # _____

Work Order # E-19956

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19956

THE CITY OF SAN DIEGO

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

Date: 10/23/06

I/We HOI THE TOUT

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: MARIO LOPEZ RODRIGUEZ CDL 80415923

Street Address: 910 LA HUERTA WAY Apt / Unit #:

City: SAN DIEGO ST: Zip-Code: 92154

Telephone #: (619) 690-3719 12-17-0

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): 3542 Grave(s): N/A

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 23rd day 2006, OCTOBER

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS — Legal Owner / Reprehensive Signature

CDL N3227620

WITNESS — Legal Owner / Reprehensive Signature

2-18-1

CEMETERY REPREHENSIVE NAME — Cemetery Reprehensive Signature

DIVERSITY

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

E 19956

CALIFORNIA
DRIVER LICENSE
N3227620
CLASS:C
EXPIRES 02-18-10
HOI T THI NGUYEN
8319 PARKBROOK ST
SAN DIEGO CA 92114
SEX:F HAIR:BRN EYES:BRN
HT:4-11 WT:125 DOB:02-18-35
RSTR: CORR LENS
05/18/2005 613 03 FD/18

CALIFORNIA
DRIVER LICENSE
S0415923
CLASS:C
EXPIRES 12-17-07
MARIO LOPEZ RODRIGUEZ
918 LA HUERTA WAY
SAN DIEGO CA 92154
SEX:M HAIR:BRN
HT:5-10 WT:180 DOB:12-17-41
11/07/2002 235 RB FD/07

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need "15 Chairs"

Date 10/24/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Chelvy J. Reyes-Ramos Pin 230476

in a D.D. Crypt "A" (Type of Burial Container) Funeral, date, time Saturday OCT. 28 400

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 184 Grave 3

Grave space & Care Fund	2264.–
Overtime/Late Arrival Fees SATURDAY	851.–
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	4747.77
Paid receipt number R-59818	4,747.77
Balance due	Ø

PAID OCT 24 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.

X Jose E. Ramirez
Signature

Pin 230475
X JOSE ERNESTO RAMIREZ
Print Name
X 2824 BAILY AVE.
Address
X SAN DIEGO CA. 92105
City Zip Code
(619) 2644206
Telephone

Paulette

Invoice # _____

Work Order # E-19957

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Res. fee

E19957

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ~~O~~

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

Oliver			X		Ramos	
					Sims	

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Reyes Date: 10-24-6

Interment space for: Chelwy J. Reyes Ramos-

Interment Date: SAT. OCT 28 Time: 9:00 am

Div: 12 Sect: 2 Blk/Row: ____ Lot: 184 Gr: 3

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 _____

E19957

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHELVY	JAQUELINE	REYES-RAMOS	08/11/1980	10/21/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS ANGELES	LOS ANGELES	JOSE E. RAMIREZ-FATHER 2824 BAILEY 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
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE NATIONAL CITY CA 91950	FD-1689	▶ [signature]	10/26/2006

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	10/27/06	▶ [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 NO. FIGUEROA ST. RM. L-1 LOS ANGELES, CA 90012	SAN DIEGO VITAL RECORDS, PO BOX 85222 SAN DIEGO CA 92186-5222

2000
1980
26

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 10-28-06	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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E19957

CALIFORNIA
DRIVER LICENSE
88447764
CHELOY JACQUELINE
REYES
2824 BAILY AVE
SAN DIEGO CA 92105
SEX:F HAIR:BRN
HT:5-02 WT:169
DOB:08-11-80
CLASS C

E19958

pre-need
Lot, trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/25/06

230453 230454

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Joseph Fuller and Mavis Fuller

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____ MED

* 191 7+8

Division 12 Section 2 Blk/Row _____ Lot ~~131~~ Grave ~~152~~

Grave space & Care Fund	2 @ 2264 each		4528.00
Overtime/Late Arrival Fees			
Opening/Closing & Setup	2 @ 533.-	PAID	1066.-
Burial Container	2 @ 355.-		710.-
Handling Fees	2 @ 263.-	OCT 25 2006	526.-
Flower vases – Marker setting fee	65.71 178.00		243.71
Recording/Filing/Transfer Fees	2 @ 65.	MOUNT HOPE CEMETERY	130.-
Sales taxes	2 @ 27.51		55.02
1st Burial DP 3821475 (IFT)		Total Due	7,258.73
		Paid receipt number P-10553	7,258.73
		Balance due	0

Trio vase

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

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

X Joseph N. Fuller
Signature

230453

X JOSEPH N. FULLER
Print Name

X 1029 So 36TH STREET
Address

X SAN DIEGO CA. 92113-3136
City Zip Code

X 619-2644359
Telephone

Paulette

Work Order # E-19958

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

10/25/06 Deed mailed for both lots graves.

10/10/2008
When opening grave 1 of Lot B1
D. Noriega & K. Collins found a
burial container in said grave
I spoke with Mavis Fuller
today and she authorized the
exchange of LOTS.
Mrs. Fuller was satisfied that
new location was next to
street and graves were
side by side
Maria Dovalsky

E19958

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E019958 DATE: 10/26/2006

- 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: Joseph Fuller 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 $2,264.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 191 GRAVE(s): 7
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 26th day of October, 2006.

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

E19958

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E019958 DATE: 10/26/2006

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: Joseph Fuller 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 $2,264.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 191 GRAVE(s): 8
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

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

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

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

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 26th day of October, 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

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 10/25/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Denise Devous Pin # 230463

in a Liner (Type of Burial Container) Funeral, date, time Friday Oct 27 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 1 Blk/Row _____ Lot 20 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	85.-
Sales taxes	27.82
Total Due	4465.82
Paid receipt number R 59820	4,465.82
Balance due	-0-

PAID
OCT 25 2006
MOUNT HOPE CEMETERY

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

I hereby authorize the interment in lot Pin 230460 I hold under deed.

X Kenny A Devous
Signature

X Kenny A Devous
Print Name
X 504 Harbor Lake Ct
Address
X Marietta, GA 30066
City Zip Code
X 678-468-9249
Telephone

Invoice # _____

Work Order # E-19959

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19959

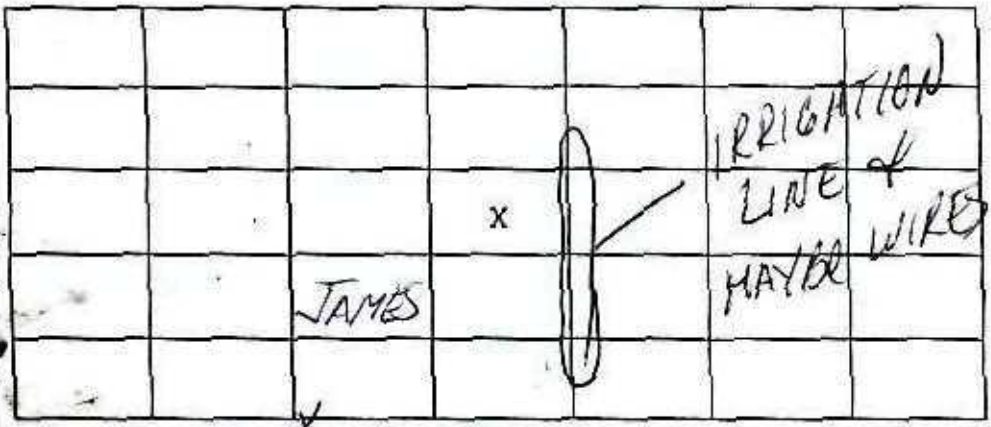
MT HOPE CEMETERY

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



Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: _____

Interment space for: DENISE DEVOUS

Interment Date: 10-27-06 Time: 11:AM

Div: 11 Sect: 1 Blk/Row: _____ Lot: 20 Gr: 9

Grave Laid out by: KEN & DARREYL

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E19959

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Denise	Renee	Devous	06/10/1963	10/18/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Marietta	Georgia	Bobby Devous, Husband 504 Harbor Lake Court Marietta, GA 30066

7A. TYPED NAME AND ADDRESS OF 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]	10/23/2006

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	10/23/2006 B. Campbell	2605283 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10/27/06	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 IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
res. fee

Date 10/25/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur Miller Pin 230470

in a Liner (Type of Burial Container) Funeral, date, time Friday Oct 27 2:00

Church, Chapel, Graveside : Featheringill Mortuary.

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

Division 10 Section ____ Blk/Row ____ Lot 2614 Grave ____

Grave space & Care Fund C-8401 1970	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup PAID	533.-
Burial Container	270.-
Handling Fees OCT 25 2006	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY	65.-
Sales taxes	20.93
Total Due	1,094.93
Paid receipt number Visa card AP	1,094.93
Balance due	0

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

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

X Beatrice M. Miller
Signature

226232
X Beatrice Miller
Print Name
4505 Mataro Dr
Address
San Diego 92115
City Zip Code
214 582-2462
Telephone

Paulette

Work Order # E-19960

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19960

[redacted] [redacted]

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 Liner

		GINIS	ROGERS	PEABODY		
NELSON			X		WISE	
	DELL		MAXWELL			

Flagged **Yes** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Arthur Miller

Interment Date: Fri Oct 27 Time: 2:00 G.S.

Div: 10 Sect: _____ Blk/Row: _____ Lot: 2614 Gr: _____

Grave Laid out by: KEN & DARRELL

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E19960

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

89

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARTHUR	DE FOE	MILLER	04/27/1917	10/23/2006	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	DAVID LEE MILLER, SON 4575 MATARO 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. Downey	10/25/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	10/25/2006	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 10-27-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin 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 2 IS RETAINED BY 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

At Need

City of San Diego

Date 10/27/06

"Low Income"

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tommy Lawrence Jones 230489

in a Liner (Type of Burial Container) Funeral, date, time Thurs Nov 9 11:00

Church, Chapel, Graveside ; Anderson-Ragsdale Mortuary AM

grace temple 4250 Ekaton

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

will be applied and billed to undersigned

Division 11 Section 2 Blk/Row Lot 10 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-59831	1,679.47
Balance due	

PAID NOV - 7 2006 MOUNT HOPE CEMETERY

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

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

X Thomas Jones
Signature

Paulette

X Thomas Jones 230488
Print Name

X 3763 Acacia St
Address

X San Diego Ca 92113
City Zip Code

X 619 212 5762
Telephone

Invoice #

Work Order # E-19961

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19961

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH N/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 Liner

	Cullen		X			
		Edwards	THOMPSON			

Flagged **Yes** ✓ **No**

Blind Check Initialed By: Paulette Date: 11-6-06

Interment space for: Tommy Lawrence Jones

Interment Date: Thurs. Nov. 9th Time: 11:00 AM

Div: 11 Sect: 2 Blk/Row: ____ Lot: 10 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 ____

E19961

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: Tommy Lawrence Jones

Address: 3763 Acacia St

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)	$52,560

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.

Thomas Jones father — Signed/ Relationship

10/27/06 — 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 SSI Statement

Approved by

10/27/06 — Date

Current SSI documents verified on: 10/27/06
Approved By MDC
Date 10/27/06

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

E19961

Social Security Administration
Supplemental Security Income
Important Information

Date: March 20, 2006
Claim Number: 436-21-0727 DI

954 0313,M02,080,017666 000017666 02 AB 0.554

THOMAS LAWRENCE JONES
333 S 30TH STREET
SAN DIEGO CA 92113-1318

Type of Payment:
Member of Couple--
Disabled

We are writing to tell you about changes in your Supplemental Security Income record. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts shown below on the last pages of this letter. The explanation shows how your income and your spouse's income, other than any SSI payments, affects your SSI payment. It also shows how we decided how much of your income and your spouse's income affects your payment amount. We include explanations only for months where payment amounts change.

Your Payments Will Be As Follows:

From	Through	Amount Due Each Month
March 1, 2006	March 31, 2006	$718.50 This includes $266.50 from the State of California.
April 1, 2006	Continuing	$736.00 This includes $284.00 from the State of California.

Our Decision About How We'll Pay You

We have decided that your Supplemental Security Income payments will be paid directly to you.

See Next Page

E19961

*** REC 2006300 171336 H9311DE0 F2V2 CIPQYA2 PQA2 (F-HFB) ***

SOCIAL SECURITY ADMINISTRATION

Date: October 27, 2006
Claim Number: 567-81-1645A
567-81-1645DI

TOMMY L JONES
3763 ACACIA ST
SAN DIEGO CA 92113-3954

You asked us for information from TOMMY JONES'S record. The information that you requested is shown below.

Date of Birth Information

The date of birth shown on our records is October 9, 1984.

Other Important Information

OUR RECORDS SHOW TOMMY LAWRENCE JONES BECAME DISABLED ON 07/24/2006.

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213. We can answer most questions over the phone. You can also write or visit any Social Security office.

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

For OFFICE MANAGER

SOCIAL SECURITY ADM...
...FRONT ST.
SAN DIEGO, CA 92101

E19961

E79961

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TOMMY	LAWRENCE	JONES	10/09/1984	10/24/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	THOMAS JONES, FATHER 825 FRANKLIN AVENUE #D EL CAJON, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	10/27/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	11/01/2006	▶ 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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 11/9/06	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 — V89e (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 - 11 chairs Military Honors

Date 10/30/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bill Strickland Plot # 230482

in a D.D. CRYPT "B" Funeral, date, time Friday Nov 3 11.00

Type of Burial Container

Church, Chapel, Graveside : Humphrey-CV Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 12:00 12:30

will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row ____ Lot 70 Grave 7

Grave space & Care Fund E-12464 9/1998	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	—
Paid receipt number (E-12464 E-14559) 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

See Attached

Paulette

Work Order # E-19962

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Daughter Kim Mathis 619-980 4867

E19962

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Willie B. Naccari

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

		WOOD	FERGUSON	SAUSBURY		
		BURPEAU	x	LESSIER		
		MOLNAR	NELSON			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: _____

Interment space for: BILL STRICKLAND

Interment Date: NOV. 3, 2006 Time: 11AM

Div: 11 Sect: 1 Blk/Row: _____ Lot: 70 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 10-31-06

CREMAINS WERE PLACED _____

E 19962

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PRE NEED LOT E TRUST FOR

Date 9-6-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stricland Bill and NACCARI Willie

In a Double Depth Crypt Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran YES.

Lot 70 Grave 7 Row _____ Section 1 Division/Block 11

Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup	2 EA @ $375.00	700.00
Burial Container		380.00
Handling Fees	PAID IN FULL 9-2-97	320.00
Flower vases – Marker setting fee		
Recording and filing fee	2 EA @ $45.00	90.00
Sales taxes		26.60
Total Due		2411.60
Paid receipt number 46580		603.00
Balance due		1808.60 1808.00

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

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

_____
Signature of recorded holder of deed

x Willie B Naccari
x Bill G. Stricland
Signature

x 3340 DEL SOL BLVD #33
Address

x SAN DIEGO CA 92154
City Zip Code

x (619) 690-5770
Telephone

Work Order # E 12464

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E19962
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
BILLIE	G.	STRICKLAND	04/01/1930	10/27/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	KIM MATHIS, GRANDDAUGHTER 404 PLAZA CALIMAR 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
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964	▶ Kim Beaulieu	10/30/2006

ACKNOWLEDGEMENT OF APPLICANT – I hereby acknowledge as applicant that the proposed method 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	10/31/2006	▶ 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
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 11-3-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim E Jeanne
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. 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

In grave w/Jimmy Doi, Kurume Doi (TS vault) & Hidekichi Doi &

Date 10/30/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frank IZUMI DOI ~~&~~ 230505

In a ASH VAULT (Type of Burial Container) Funeral, date, time Mon. Nov. 20 11:00

(Church), Chapel, Graveside _____ : Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 11 Blk/Row _____ Lot 37 Grave 2

Grave space & Care Fund A= 7364	~~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-591824	384.12
Balance due	0

PAID
OCT 30 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.

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

X Doris Doi
Signature

X DORIS DOI 230504
Print Name

X 4722 IROQUOIS AVE
Address

X SAN DIEGO 92117
City Zip Code

X 619. 276.6505
Telephone

Paulette

Work Order # E-19963

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19963

THE EXPIRATION DATE LISTED HEREON APPLIES IF THE PREMIUM HAS BEEN PAID.

EVIDENCE OF INSURANCE - STATE OF CALIFORNIA

[redacted]

FRANK I DOI
4722 IROQUOIS AVE
SAN DIEGO CA 92117-6246

Effective Date: 09-04-2006
Expiration Date: 01-17-2007

Vehicle I.D. No: [redacted]

Year: 1993 Make: FORD Model: [redacted]

[redacted] CALIFORNIA ,an authorized California Insurer, in compliance with the California Financial Responsibility Act, certifies that it has issued a policy in an amount not less than that required by the California Financial Responsibility Law for the described motor vehicle.

[redacted]

KEEP WITH VEHICLE

25-7040 5-06 READ REVERSE SIDE CAREFULLY. A7040601

E19963

CURRENTLY 3 BURIALS
IN PLOT - 1 TS &
2 ASH LEGAL CARD
DOESN'T SAY WHERE
ASH VAULTS ARE.

E19963

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Jimmy Doi ⊗, Kurume Doi (Ts vault), Hidiekichi Doi ⊗
Write in the name of the deceased for which the grave is for in the block marked with "X". 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

		KODAMA		NAKAMURA		
		KUBOTA	X	KAWAMOTO		
		MARTIN		FACE		

Flagged Yes Y No
Blind Check Initiated By: KEVIN Date: 11-16-06

Interment space for: FRANK IZUMI DOI ⊗

Interment Date: 11-20-06 Time: Mon. Nov. 20 11:

Div: 7 Sect: 11 Blk/Row: ____ Lot: 37 Gr: 2 Chur

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 ____

E19963
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
FRANK	IZUMI	DOI	01/14/1928	10/07/2006	M

5. [redacted] OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DORIS DOI, SISTER 4122 IROQUOIS 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 Identified in Item 6	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA CA 91911	FD1682	▶ [signature]	10/11/06

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	10/11/2006	▶ 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)

CR/BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 11-20-06	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 10/12/06	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.

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 - 11 chairs Military Honors

Date 10/30/06

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

of Bill Strickland

in a D.D. CRYPT "B" (Type of Burial Container) Funeral, date, time Friday Nov 3 11:00

Church, Chapel, Graveside ; Humphrey - CV Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 12:00 to 30

will be applied and billed to undersigned

Division 11 Section 1 Blk/Row Lot 70 Grave 7

Grave space & Care Fund E-12464 9/1998	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 (E-12464) (E-14559)	—
Balance due	—

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

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

X Kimberly E. Mathis
Signature

X Kimberly E. Mathis
Print Name

X 404 Plaza Calimar
Address

X Chula Vista 91914
City Zip Code

X (619) 980-4867
Telephone

Pawlette

Work Order # E-19962

Invoice #

Acct. #

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. fee

Date November 1, 2006

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jimmy Woods Pin # 230484

in a Liner (Type of Burial Container) Funeral, date, time Friday Nov. 3, 11:00

Church, Chapel, Graveside Faith Chapel : SD Memorial Mortuary.

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

will be applied and billed to undersigned _____

Division 12 Section 9 Blk/Row _____ Lot 241 Grave 10

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	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,536.93
Paid receipt number R-59826	3,536.93
Balance due	0

PAID
NOV - 1 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

Invoice # _____

Acct. # _____

Work Order # E-19964

REA-104 (3-04)

This information is available in alternative formats upon reque

Printed on recycled paper

E19964

11/01/2006 10:57 SD MT. HOPE CEMENTERY → SD MEMORIAL

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need res fee

Date November 1 2006

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

in a Liner (Type of Burial Container) Funeral, date, time Friday Nov 3, 11:00

Church, Chapel, Graveside Faith Chapel SD Memorial Mortuary

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

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row _____ Lot 241 Grave 10

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	532.00
Burial Container	270.00
Handling Fees	206.00
Flower vases - Marker setting fee	175.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,536.93
Paid receipt number 8-55826	3,536.93
Balance due	0

NOV - 1 2006

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

Dorothy Spriggs
Signature

X Dorothy J. Spriggs
Print Name

X 5625 Elk St.
Address

X San Diego, Ca 92114
City Zip Code

X 619 264 6647
Telephone

Pin 230483

Invoice # _____

Work Order # E-19964

Acct # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

11-2 Spoke with Cris at SD memorial & it will be a mock set-up for this service.

E19964

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

			HARRIS			
	WILLIAMS	LEWIS	X	NEELY	JONES	
			SIMMONS			

Flagged Yes X No

Blind Check Initiated By: KEVIN F TURNER Date: 11-1-06

Interment space for: Jimmy Woods

Interment Date: 11/03/06 Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 241 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 _____

E19964

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

49

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JIMMY	E.	WOODS	10/24/1950	10/25/2006	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	DOROTHY SPRIGGS, MOTHER 5625 ELK 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
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575		10/31/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	10/31/2006	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 ST., SAN DIEGO, CA 92102	11B. DATE BURIED 11-3-06	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.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — V89e (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
Stone on grave

Date 11-1-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William H. Jimerson 230495

in a DDCrypt "B" (Type of Burial Container) Funeral, date, time Thursday Nov. 9, 11:00

Church (Chapel) Graveside _____ : CA BURIAL Mortuary Elwyn

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

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row ~ Lot 108 Grave 8

Grave space & Care Fund E 1 10608 (9/23/93)	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 AP0864143	598.-
Balance due	0

PAID
NOV - 1 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.

230494

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

X Grace Bembry
Signature

CO N7506115
2008

Work Order # E-19965

X Grace Bembry
Print Name

X 9211 Amys St #61
Address

X Spring Valley Ca 91977
City Zip Code

X (619) 589-1228
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19965

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Gladys Jimerson "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 DD Capt. "B"

				Curry		
		Gresham	X	Britt		

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 11-6

Interment space for: William H. Jimerson

Interment Date: 11-9-06 Time: 11:00 Chapel

Div: 12 Sect: 3 Blk/Row: ____ Lot: 108 Gr: 0

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kevin Date: 11-7-06

CREMAINS WERE PLACED ____

E19965

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLIAM	H	JIMERSON	06/30/1918	11/01/2006	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted] DIEGO	SAN DIEGO	CRYSTAL WILLIAMS, DAUGHTER 1209 46TH STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	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	10/8/06

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	THIS PERMIT IS ISSUED IN 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	11/08/2006	▶ 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 11/9/06	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

At Need

City of San Diego

Date 11-2-06

230496

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Amanda Enfield PA. 20070549

in a DD CRYPT "B" (Type of Burial Container) Funeral, date, time Tues Nov 7 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 $ 619) 281-7055 Monica

will be applied and billed to undersigned.

Division 13 Section ~ Blk/Row ~ Lot 21 Grave 2B

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	0

PAID

NOV - 6 2006

MOUNT HOPE CEMETERY

Public Administrator
IDA 858-694-3531

AP D36728

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

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

Signature

Fax 858 694-3987
Paulette

Print Name

Address

City Zip Code

Telephone

Invoice #

Acct. #

Work Order # E-19966

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Ida
PA

fax 858-694-3987

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

DATE: 11/06/06 TIME: 11:25:04
MERH: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 200
CD TYPE: VISA
TR TYPE: MP

TOTAL: $776.23M

ACCT: **********0301 EXP: ****
AP: 836728
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
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

interment of Amanda
Enfield PA. 20070549
Div 13 Lot 21 grave

E19966

City of San Diego

Attention: IDA

SAN DIEGO PARK & RECREATION DEPARTMENT
AMERICA'S FINEST

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 11-6-06		From: Paulette
To: IDA P.A.		Telephone #: (619) 527-3400
Telephone #: 619-281-7055		Fax #: (619) 527-3403
Fax #:		Pages: (including this cover sheet):
Subject: Burial Service		

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 faxed to Mortuary:	Time faxed to Mortuary: 10:35 Am 11/6/06
Burial fee amount due: $ 776.23	Burial service for: Amanda Enfield PA 20070649
Due date of burial fee:	~~48-hour prior to service~~ ASAP
Date of burial service:	Time of burial service: Delivery 11-7-06 Tues
Church Chapel Graveside	Location:
Prepared by: Paulette	Cemetery staff Paulette
Mortuary Approval (print name):	
Signature from Mortuary Staff:	
Date faxed back to Mt. Hope Cemetery:	
Comments:	Please send back a signed
(Payment is Due ASAP)	copy of the interment order.
	to Mt. Hope Cemetery.
	(619) 527-3403

E19966

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 11-2-06		From: Paulette	
To: Ida P.A.		Telephone #: (619) 527-3400	
Telephone #:		Fax #: (619) 527-3403	
Fax #		Pages (including this cover sheet): 2	
Subject: Information to be filled in by Mortuary			

Confirmation of date, time and if Mortuary is paying for burial must be received by Mt Hope Cemetery with-in 24 hrs of receipt or service will not be scheduled

Date and time faxed to Mortuary:	~~48 hr prior to burial~~ (11-2-06)
Burial fee amount due:	$ 776.23
Burial service fee for:	Amanda Enfield
Date and time of burial service:	unknown as of yet.
Due date of burial fee to Mt Hope Cemetery:	48 hr prior to burial
Prepared by:	Paulette
Signature:	Paulett
Mortuary Approval (print name):	
Signature:	
Date faxed back to Mt. Hope Cemetery:	
Comments: Mortuary's Signature will constitute agreement to pay for services requested	

DIVERSITY

3987

858 694

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

E19966

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AMANDA	-	ENFIELD	05/24/1918	10/22/2006	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	IDA COMERFORD, DEPUTY PA 5201-A RUFFIN RD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	FD1424	▶	11/02/2006

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	11/02/2006	▶ 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 11-7-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jumper	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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.)

E19966

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 DOCrypt 2B

			X			

Flagged Yes _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Amanda Enfield PA 2007054

Interment Date: 11/7/06 Time: Direct Burial

Div: 13 Sect: _____ Blk/Row: _____ Lot: 21 Gr: 2B

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 11-2-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Amanda Enfield PA. 20070549

in a DOCRYPT "B" Funeral, date, time Tues NOV 7 11:00
(Type of Burial Container)

Church, Chapel, Graveside Mayer (619)2917055 Mortuary Monica Co

All Funeral cars 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 W Blk/Row W Lot 21 Grave 2B

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 AP D36728	776.23
Balance due	0

PAID
NOV - 6 2006
MT. HOPE CEMETERY

Public Administrator
IDa 858-694-3531

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

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

Signature

Fax 858 694-3981
Paulette

Work Order # E-19966

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 11-3-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nancy M. Weir 229563

in a Liner (Type of Burial Container) Funeral, date, time Tues 14th Mon Nov. 13th 9:00 am

Church, Chapel, Graveside Delivery Only Erickson Anderson Mortuary. 619 466-3297 Lamesa office

All Funeral cars must arrive 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 74 Grave 2

Grave space & Care Fund E13961 (1997)	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee N/A	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	—
Paid receipt number	—
R-49188 11-19-97 Balance due	—

fax # 619-668-6650

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-19967

Acct. # _____

See attached

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19967

~~MT.~~ HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need
2nd a trust

Date 11-19-97

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

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 74 Grave 2 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-49188	1664.73
Balance due	-0-

PAID
NOV 19 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

X Nancy Weir
Signature
X 4713 Biona Dr
Address
X San Diego, Ca 92116
City Zip Code
X (619) 284-5177
Telephone

Invoice # _____

Work Order # E 13961

Acct. # _____

E 19967

MARKER on grave

MT HOPE CEMETERY

Delivery Only

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 Liner

		Turner	Anderson			
Brown		Lassiter	X			
			Vazquez			

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 11-6

Interment space for: Nancy M. Weir

P.C. Tues Nov 14 ~~22~~

Interment Date: ~~Mon Nov~~ Time: 900 am

Div: 12 Sect: 2 Blk/Row: M Lot: 74 Gr: 2

Grave Laid out by: KEN

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 11-13-06

CREMAINS WERE PLACED

E19967

1

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARION	NANCY	WEIR	03/05/1925	11/02/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	MARY FLOR, EXECUTOR 15420 #96 OLDE HWY 80 EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-LA MESA, 8390 ALLISON AVE LA MESA, CA 91941	FD296	▶ [signature]	11/06/2006

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	11/06/2006	▶ 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)

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 11-14-06	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

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.)

619-527-3403

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-3-06

At need

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

of Nancy M. Weir

in a Liner (Type of Burial Container) Funeral, date, time Mon. 13th 9:00 am

Church, Chapel, Graveside Delivery Only Erickson-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 12 Section 2 Blk/Row _____ Lot 74 Grave 2

Grave space & Care Fund E13961 (1997) 0

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container

Handling Fees N/A

Flower vases – Marker setting fee

Recording, Filing, Transfer Fees

Sales taxes Total Due

fax # 619-668-6000

Paid receipt number R49883 11-19-97 Balance due

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

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

X Mary Flor
Signature

X Mary FLOR
Print Name

X 15420 Space 96 OLDE HWY 80
Address

X EL CAJON CA 92021
City Zip Code

X 619-561-9160
Telephone

Paulette

Work Order # E-19967

Invoice # _____

Acct # _____

This information is available in alternative formats upon request.

DOD 11/2/2006

E19967

This

DURABLE POWER OF ATTORNEY

FOR HEALTH CARE

prepared for

MARION NANCY WEIR

ARMSTRONG AND FISCH
4250 Executive Square, Suite 900
La Jolla, California 92037
(858)453-0626 FAX (858)799-2139

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E19967

California Durable Power of Attorney for Health Care

Cal. Probate Code §4771

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT WHICH IS AUTHORIZED BY THE KEENE HEALTH CARE AGENT ACT. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR AGENT (THE ATTORNEY-IN-FACT) THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU. YOUR AGENT MUST ACT CONSISTENTLY WITH YOUR DESIRES AS STATED IN THIS DOCUMENT OR OTHERWISE MADE KNOWN.

EXCEPT AS YOU OTHERWISE SPECIFY IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO CONSENT TO YOUR DOCTOR NOT GIVING TREATMENT OR STOPPING TREATMENT NECESSARY TO KEEP YOU ALIVE.

NOTWITHSTANDING THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOURSELF SO LONG AS YOU CAN GIVE INFORMED CONSENT WITH RESPECT TO THE PARTICULAR DECISION. IN ADDITION, NO TREATMENT MAY BE GIVEN TO YOU OVER YOUR OBJECTION AT THE TIME, AND HEALTH CARE NECESSARY TO KEEP YOU ALIVE MAY NOT BE STOPPED OR WITHHELD IF YOU OBJECT AT THE TIME.

THIS DOCUMENT GIVES YOUR AGENT AUTHORITY TO CONSENT, TO REFUSE TO CONSENT, OR TO WITHDRAW CONSENT TO ANY CARE, TREATMENT, SERVICE OR PROCEDURE TO MAINTAIN, DIAGNOSE, OR TREAT A PHYSICAL OR MENTAL CONDITION. THIS POWER IS SUBJECT TO ANY STATEMENT OF YOUR DESIRES AND ANY LIMITATIONS THAT YOU INCLUDE IN THIS DOCUMENT. YOU MAY STATE IN THIS DOCUMENT ANY TYPES OF TREATMENT THAT YOU DO NOT DESIRE. IN ADDITION, A COURT CAN TAKE AWAY THE POWER OF YOUR AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOUR AGENT (1) AUTHORIZES ANYTHING THAT IS ILLEGAL, (2) ACTS CONTRARY TO YOUR KNOWN DESIRES, OR (3) WHERE YOUR DESIRES ARE NOT KNOWN, DOES ANYTHING THAT IS CLEARLY CONTRARY TO YOUR BEST INTERESTS.

THE POWERS GIVEN BY THIS DOCUMENT WILL EXIST FOR AN INDEFINITE PERIOD OF TIME UNLESS YOU LIMIT THEIR DURATION IN THIS DOCUMENT.

E 19967

YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY OF YOUR AGENT BY NOTIFYING YOUR AGENT OR YOUR TREATING DOCTOR, HOSPITAL, OR OTHER HEALTH CARE PROVIDER ORALLY OR IN WRITING OF THE REVOCATION.

YOUR AGENT HAS THE RIGHT TO EXAMINE YOUR MEDICAL RECORDS AND TO CONSENT TO THEIR DISCLOSURE UNLESS YOU LIMIT THIS RIGHT IN THIS DOCUMENT.

UNLESS YOU OTHERWISE SPECIFY IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER AFTER YOU DIE TO (1) AUTHORIZE AN AUTOPSY, (2) DONATE YOUR BODY OR PARTS THEREOF FOR TRANSPLANT OR THERAPEUTIC OR EDUCATIONAL OR SCIENTIFIC PURPOSES, AND (3) DIRECT THE DISPOSITION OF YOUR REMAINS.

THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

YOU SHOULD CAREFULLY READ AND FOLLOW THE WITNESSING PROCEDURE DESCRIBED AT THE END OF THIS FORM. THIS DOCUMENT WILL NOT BE VALID UNLESS YOU COMPLY WITH THE WITNESSING PROCEDURE.

IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

YOUR AGENT MAY NEED THIS DOCUMENT IMMEDIATELY IN CASE OF AN EMERGENCY THAT REQUIRES A DECISION CONCERNING YOUR HEALTH CARE. EITHER KEEP THIS DOCUMENT WHERE IT IS IMMEDIATELY AVAILABLE TO YOUR AGENT AND ALTERNATE AGENTS OR GIVE EACH OF THEM AN EXECUTED COPY OF THIS DOCUMENT. YOU MAY ALSO WANT TO GIVE YOUR DOCTOR AN EXECUTED COPY OF THIS DOCUMENT.

DO NOT USE THIS FORM IF YOU ARE A CONSERVATEE UNDER THE LANTERMAN-PETRIS-SHORT ACT AND YOU WANT TO APPOINT YOUR CONSERVATOR AS YOUR AGENT. YOU CAN DO THAT ONLY IF THE APPOINTMENT DOCUMENT INCLUDES A CERTIFICATE OF YOUR ATTORNEY.

E19967

1. Designation of Health Care Agents and Alternate Agents

I, MARION NANCY WEIR of 4713 Biona Drive, San Diego, CA 92116, do hereby designate and appoint the first person named on the following list as my health care agent to make health care decisions for me as authorized in this document and the subsequent persons on said list as alternate agent and successor to such agent, each of whom shall act alone and successively, in the order listed upon the previously named agent's unavailability or ineligibility to act as my agent, or upon his or her losing the mental capacity to make health care decisions for me, or if I revoke that person's appointment or authority to act as my agent to make health care decisions for me:

(1) MARY AGNES FLOR
(2) WILLIAM BEDERAUX-CAYNE

For the purposes of this document, "health care decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition.

2. Creation of Durable Power of Attorney for Health Care

By this document I intend to create a durable power of attorney for health care under sections 4600 to 4752, inclusive, of the California Probate Code. This power of attorney is authorized by the Keene Health Care Agent Act and shall be construed in accordance with the provisions of Sections 4770 to 4779, inclusive, of the Probate Code. This power of attorney shall not be affected by my subsequent incapacity.

3. General Statement of Authority Granted

Subject to any limitations in this document, I hereby grant to my agent full power and authority to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my agent shall make health care decisions that are consistent with my desires as stated in this document or otherwise made known to my agent, including, but not limited to, my desires concerning obtaining or refusing or withdrawing life-prolonging care, treatment, services, and procedures.

E19967

4. Statement of Desires, Special Provisions, and Limitations

In exercising the authority under this durable power of attorney for health care, my agent shall act consistently with my desires as stated below and is subject to the special provisions and limitations stated below:

(a) Statement of desires concerning life-prolonging care, treatment, services, and procedures:

_____

_____

(b) Additional statement of desires, special provisions, and limitations:

_____

_____

5. Inspection and Disclosure of Information Relating to My Physical or Mental Health

Subject to any limitations in this document, my agent has the power and authority to do all of the following:

(a) Request, review, and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records.

(b) Execute on my behalf any releases or other documents that may be required in order to obtain this information.

(c) Consent to the disclosure of this information.

6. Signing Documents, Waivers, and Releases

Where necessary to implement the health care decisions that my agent is authorized by this document to make, my agent has the power and authority to execute on my behalf all of the following:

(a) Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice."

E 19967

(b) Any necessary waiver or release from liability required by a hospital or physician.

7. Autopsy; Anatomical Gifts; Disposition of Remains

Subject to any limitations in this document, my agent has the power and authority to do all of the following:

(a) Authorize an autopsy under Section 7113 of the Health and Safety Code.

(b) Make a disposition of a part or parts of my body under the Uniform Anatomical Gift Act (Chapter 3.5 (commencing with Section 7150) of Part 1 of Division 7 of the Health and Safety Code).

(c) Direct the disposition of my remains under Section 7100 of the Health and Safety Code.

8. Duration

This power of attorney will exist for an indefinite period of time.

9. Nomination of Conservator of Person

If a conservator of the person is to be appointed for me, I nominate the agent then acting under this power of attorney.

10. Prior Designations Revoked

I revoke any prior durable power of attorney for health care.

DATE AND SIGNATURE OF PRINCIPAL

I sign my name to this Statutory Form Durable Power of Attorney for Health Care on JUL 27 1999, at San Diego County, California.

Marion Nancy Weir

MARION NANCY WEIR

E/9967

STATEMENT OF WITNESSES

I declare under penalty of perjury under the laws of California that the person who signed or acknowledged this document is personally known to me (or proved to me on the basis of convincing evidence) to be the principal, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as agent by this document, and that I am not a health care provider, an employee of a health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

Signature: Delores E. Anderson

Print Name: DELORES E. ANDERSON

Residence Address: 2115 CLEMATIS ST., SAN DIEGO, CA 92105-5218

Date: 7-22-99

Signature: Jarell F. Draper

Print Name: Jarell F. Draper

Residence Address: 1568 Tampa Ct., Bonita CA 91902-

Date: 7-27-99

I further declare under penalty of perjury under the laws of California that I am not related to the principal by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the principal's estate upon the principal's death under a will now existing or by operation of law.

Signature: Jarell F. Draper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

non-Res fees

Date 11-3-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Clausen 207256

in a Liner (Type of Burial Container) Funeral, date, time 10/9/06 Thurs.

Church, Chapel, Graveside Witness ; Walston Chapel of the Valley Carson City Nevada Mortuary

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

will be applied and billed to undersigned. 775 881-2442

Division 11 Section 2 Blk/Row ~ Lot 59 Grave 8

Grave space & Care Fund E-210 <4-2-1979>	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	1,454.82
Paid receipt number R-59834	1,454.82
Balance due	0

PAID NOV - 8 2006 MOUNT HOPE CEMETERY

fax 775-882-5004

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-19968

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19968

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

	HOWARD			NELSON		
		CLAUSEN	X			
		GENTLY		KINNEY		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 11-7-06

Interment space for: Dorothy Clausen

Interment Date: 11-9-06 Time: 10 AM

Div: 11 Sect: 2 Blk/Row: ____ Lot: 59 Gr: 8

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 _____

E19968

Refile

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	Alice	Clausen	06/28/1921	11/01/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Carson City	NV	Sue Bradford, Daughter 3070 Elf Lane S. Lake Tahoe, CA 96150

7A. TYPED NAME AND ADDRESS OF 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	FD-1195		11/08/2006

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	M.Kendrick 11/08/2006	2605372

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	3851 Rosecrans St. 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 CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11/9/06	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 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.

At-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-3-2006

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cornelius Clark 230492

in a DD-"B" (Type of Burial Container) Funeral, date, time Tues-NOV-7-9:00 am

Church, Chapel, Graveside Direct Burial ; Featherin pill Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ NO-need will be applied and billed to undersigned.

Division 12 Section 3 Blk/Row ____ Lot 88 Grave 10

E-8684 4-27-1990

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	~~$598.00~~
Total Due	598.00
Paid receipt number R-59830	598.00
Balance due	0

PAID

NOV - 3 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.

Signature X

Donald M. Clark 230492

Print Name

3404 Front St

Address

San Diego 92103

City Zip Code

619 295-6135

Telephone

Invoice # ____

Work Order # E-19969

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19969

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-27-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel N. Clark Plot 142925.

in a Double Vault/Liner Dept Crypt Funeral, date, time MAY 2 10:00

Church, Chapel, Graveside Delivery Only ; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 88 Grave 10 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	15.96
Recording and filing fee	35.00
Sales taxes	23.93
Total Due	1539.89
Paid receipt number 39168	1539.89
Balance due	0

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

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

Signature of recorded holder of deed

Donald M. Clark

Signature

325 Mesa Ave

Address

San Ysidro CA 92073

State 619 428-1469 Zip Code

Telephone

Work Order # E 8684

PY-583 (REV. 8-95)

Invoice # ____

Acct. # ____

1539.89
320 -
1219.89

E19969

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

98 yrs

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CORNELIUS	CECIL	CLARK	03/14/1908	11/03/2006	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	DON CLARK, SON 3404 FRONT ST. SAN DIEGO, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	M. Bowers	11/07/2006

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	11/07/2006	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)

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 11-7-06	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 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 — VS9a (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.)

E19969

[redacted] Stone on grave for Ethel [redacted]

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ethel Clark (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 DD Crypt B

			Brown	Holman		
			X	Female Clark	Hill	

Flagged Yes X No

Blind Check Initiated By: Martha Rodriguez Date: NOV-6

Interment space for: Cornelius Clark

Interment Date: NOV-7 Time: _____

Div: 12 Sect: 3 Blk/Row: _____ Lot: 88 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 _____

E19969

STATEMENT

ARROYO VISTA NURSING CENTER
3022 45TH STREET
SAN DIEGO, CA 92105

Facility Phone: 619-283-5855

Resident: CORNELIUS CLARK

Statement Date: 08/16/06

CORNELIUS CLARK
264 MESA AVE

SAN YSIDRO, CA 92173

Date	Service	Through	Qty	Description	Amount
				Sub Total as of 07/31/06	1,666.00
Charges					
08/31/06	08/01/06	08/31/06	31	Co-Insurance	3,689.00
				Sub Total	**3,689.00**
				Balance	**5,355.00**
				Total Amount Due	**5,355.00**

Payment due by September 05, 2006. If you have any questions, call the Business Office.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 11-6-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pauline Louise Kelley & 230562

in a Ash Vault (Type of Burial Container) Funeral, date, time Mon. Dec 11 2:45

Church, Chapel, Graveside ; family Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 4 Blk/Row W Lot 43 Grave 3

Grave space & Care Fund	0-
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 R-598215	562.12
Balance due	0

PAID
NOV - 6 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.

230561

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

X James Klick
Signature

X JAMES KLICK
Print Name

X 3215 POLK AVE
Address

X SAN DIEGO 92104
City Zip Code

(619) 284 3811
Telephone

Paulsae
Work Order # E-19970

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

SE 19970

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Louise C. Klick (mother)

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

		Castellow	Stanley		Ferguson	
	Borsch	Kuck	X	Compston	McCollich	

Flagged Yes X No

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

Interment space for: Pauline L Kelley

Interment Date: MON DEC 11 Time: 2:45 PM

Div: 7 Sect: 4 Blk/Row: ____ Lot: 43 Gr: 3

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 MIDDLE

E19970

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
PAULINE	LOUISE	KELLEY	02/16/1926	10/23/2006	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	JIM KLICK, BROTHER 3215 POLK AVE. SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	FD1424		10/23/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	10/23/2006	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)

TR/SHIP IN/RES

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 CA92102	11B. DATE BURIED 12-11-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Portland Cremation Center, LLC. 3605 SE 22nd Ave. Portland, OR 97202-8914	12B. DATE CREMATED 11/18/06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF 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 MEDCURE INC.12013 NE MARX ST.PORTLAND, OR 97220	14B. 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.JIM KLICK,3215 POLK 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 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.12/94)

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 Res

Date 11-6-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel Smith. 230498

in a Liner (Type of Burial Container) Funeral, date, time NOV-9- THURS 1230

Church, Chapel, Graveside Anderson Kopsala Mort. 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. Sold

Division 7 Section 15 Blk/Row ____ Lot 30 Grave 4

Grave space & Care Fund B-2401 (1969)	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup PAID	$533.00
Burial Container	270.00
Handling Fees NOV - 7 2006	$206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY	$65.00
Sales taxes	20.93
Total Due	$1094.93
Paid receipt number R-59832	1094.93
Balance due	-0-

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 230499

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

Signature Cardie M Sold

x CARDIE M GOLD
Print Name
1419 DUVAL ST
Address
SAN DIEGO CA 92102
City Zip Code
619 5270782
Telephone
Cell 6752345

Invoice # ____

Work Order # E-19971

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19971

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH WALTEL SMITH

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

		JENNINGS	CAMPBELL			
		RAWLS	X		POWELL	
			MILLER	LEWIS		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 11-7-06

Interment space for: ETHEL SMITH

Interment Date: NOV. 9. 2006 Time: NOON

Div: 7 Sect: 15 Blk/Row: ____ Lot: 30 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 _____

E19971

CALIFORNIA

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 10-31-08

D1967013

ETHEL HARRIS SMITH
3905 F ST
SAN DIEGO CA 92102

SEX:F HAIR:GRY EYES:BRN
HT:5-08 WT:167 DOB:10-31-13

Ethel Smith

09/28/1999 519 24 FD/08

E19970

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ETHEL	LOUISE	SMITH	10/31/1913	11/03/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	CARDIE GOLD, DAUGHTER 1419 DUAL STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	11/08/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	11/08/2006	▶ 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, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 11/9/06	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.12/94)

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 11/7/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Viola Hicks # 230003

in a Liner (Type of Burial Container) Funeral, date, time Monday Nov. 13 11:00

Church, Chapel, Graveside _____ San Diego Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283 will be applied and billed to undersigned. JR.

Division 5 Section 1 Blk/Row 13 Lot 13 Grave ~

Grave space & Care Fund E-19626/E15718	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup PAID	708.-
Burial Container	359.-
Handling Fees NOV - 7 2006	275.-
Flower vases – Marker setting fee	~
Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY	85.00
Sales taxes	27.82
Total Due	1454.82
Paid receipt number AP015994	1,454.82
Balance due	0

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

230500

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

Janice Harrison
Signature

Janice Harrison
Print Name

5042 Palm St
Address

San Diego CA 92113
City Zip Code

619 527 4352
Telephone

Invoice # _____

Work Order # E-19972

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19972

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

				DAVIS		
		PFAHLEI	X	KENNEDY	ANALL	
		LUNANALL	ROUSH			

Flagged **Yes** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Viola Hicks

Interment Date: Mon 11/13 Time: 11:00

Div: 5 Sect: 1 Blk/Row: 13 Lot: 13 Gr: 3 X

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 11-8-06

CREMAINS WERE PLACED _____

E 19972

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
VIOLA	L.	HICKS	06/17/1922	11/04/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	JANICE HARRISON, DAUGHTER 5042 PALIN STREET SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575	▶	11/09/2006

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	11/09/2006	▶ 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)	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 11-13-06	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 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

pre-need trust account

Date 11-7-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Irma Garcia Pin 889

in a D.D. CRYPT A & B (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

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

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 220 Grave 2

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup 2 O/C @ 533.—	1066.—
Burial Container	539.—
Handling Fees	454.—
Flower vases 65.71 – Marker setting fee	65.71
Recording/Filing/Transfer fees 2 @ 65.00	130.—
Sales taxes	41.77
Total Due	2,296.48
Paid receipt number P-00570	1,000.00
Balance due	1,296.48

PAID
APR 29 2009 CK# 2398
Paid in Full P-01723
MOUNT HOPE CEMETERY

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

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

Signature

Paulette

Print Name

Address

City Zip Code

Telephone

Invoice # See contract, copy attached

Acct. #

Work Order # E-19973

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pin889 **PRE-NEED TRUST ACCOUNT** **$52.04 a month beginning Dec 2006** E019973

Garcia, Irma 4669 ~~4779~~ 36th Street, #5, SD CA 92102 619-795-3574

Division 12 Sec 2 Lot 220 Grave 2

	DEBIT	CREDIT	BALANCE
11/07/2006 Opened pre-need trust. Trust includes; two o/c $1,066, b/c $539, h/f $454, trion vase $65.71, two r/f fees $130, tax on DD Crypt for burials A & B. $41.77 P-00570		1000.00 ✓	2296.48 / 1296.48
1/9/2007 Payment December / Jan 07 P-00651		100.00 ✓	1196.48
3/12/07 Feb / March 07 P-00744		104.08 ✓	1092.40
~~3/12/07~~ 6-28-07 APR/MAY 07 CHK#2031 P 00879		100 ✓	992.40
3-7-08 P-01160 ✓ June 07-Mar 08 CHK#2057		500 ✓	492.40
10-15-08 P-01443 Coupon #5		438.38	54.02
04/29/09 P-01723 No Coupon		54.02	Ø

RECEIVED
APR 29 2009
By

E 19973

THE CITY OF SAN DIEGO

November 8, 2006

Ms. Irma Garcia
4669 36th Street #5
San Diego CA 92102

Ref: **E019973** **Division** 12 **Section** 2 **Lot** 220 **Grave** 2

Dear Ms. Garcia

Enclosed are the coupons for your pre-need trust account. The payments can be done over the phone, by visa, mastercard or check. Please keep this letter for future reference. If you should have any questions or concerns please call. Thank you for your business with us.

Sincerely,

Paulette Crawford
Clerical Assistant II
(619) 527-3401

PC:pc

DIVERSITY BRINGS US ALL TOGETHER

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

E 19973

WITNESS our hands this day and year above written.

TOTAL $ 2,296.48

DOWNPAYMENT $ 1,000.—

23 MONTHS $ 54.02

FINAL
24TH MONTH $ 54.02

TWO YEAR CONTRACT

I agree to pay the required monthly

Payments of $ 54 02 for 23 months.

Final payment to be $ 54.02 on

The 24th month.

First monthly payment to begin on:

MONTH December

YEAR 2006

Purchaser's Signature X

PURCHASER PHONE X (619) 795-3574

X TERMA GARCIA
Print Name

X
Signature

X 4669 DELTA ST. #5
Street Address (Mail)

X SAN DIEGO, CA. 92102
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery
3751 Market Street
San Diego CA 92101

By: Paulette C,

PC:pc
April 3, 2006

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 11-8-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tina Manson 214003

in a T.S. Vault (Type of Burial Container) Funeral, date, time Friday NOV 17 11:00

(Church) Chapel, Graveside St. Luke : CA Burial Mortuary.

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

Division 12 Section 1 Blk/Row ____ Lot 132 Grave 11

Grave space & Care Fund (11/05/92) E-10439 —

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 MC 1,243.51

AP 1759688 Balance due Ø

PAID
NOV - 8 2006
MOUNT HOPE CEMETERY

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 230508

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

Signature: Lisa Price

X Lisa Price
Print Name
X 1907 Manzana Way
Address
San Diego, CA 92139
City Zip Code
(619) 267-2314
Telephone

Invoice # ____

Work Order # E-19974

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19974

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

Humphrey	Everett	Estell				
		Shields	x		Candy	
			Smith	Smith	Schen	

Flagged Yes X No /

Blind Check Initiated By: Kevin Date: 11-14-06

Interment space for: Tina Manson

Interment Date: Friday Nov. 17 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 132 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

MAINS WERE PLACED _____

E19974

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
TINA	JEANNETTE	MANSON	12/26/1955	11/07/2006	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	STEVEN R SMITH, HUSBAND 460 HIGHTREE 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
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	11/14/06

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	11/14/2006	▶ 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 11-17-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Kamm	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 REG*ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

(cancelled to be rescheduled)

At need 10 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-8-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bertha Jack 230507

in a Liner (Type of Burial Container) Funeral, date, time Mon. Nov ~~13~~ 20 ~~1:00~~ 10:00

Church, Chapel, Graveside Bayview 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 12 Section 2 Blk/Row Lot 250 Grave 6

PAID

NOV - 9 2006

MOUNT HOPE CEMETERY

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	538.-
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-54837	3358.93
Balance due	Ø

CK Returned 12/24/06

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 Ervell Jack
Signature

230506

x ERVELL JACK
Print Name

x 8061 JAMACHA Rd.
Address

x San DIEGO 92114
City Zip Code

x (619) 466-4795
Telephone

(619) 251-0259

Invoice #

Work Order # E-19975

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

2/23/08 Mailed documents back to Aty. See attached.

E19975

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: Bertha Jagr

Interment Date: 11-13-06 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: _____ Lot: 250 Gr: 6

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E19975

67

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BERTHA	MARIONANNA	JACK	08/12/1939	11/03/2006 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
N DIEGO	SAN DIEGO	ERVELL JACK, SON 8061 JAMACHA 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
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA	FD1746	Ervell Jack Son Kim	11-5-2006

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	11/15/2006	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 92186	–

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 STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-20-06	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 2 IS RETAINED BY 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

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NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY 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.)

E19975

DE-172

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ARTHUR W. CHETTLE Arthur W. Chettle SBN:147790 Attorney at Law 304 Kalmia Street San Diego CA 92101 ATTORNEY FOR (Name): ANTHONY N. JACK, Administrator	(619) 296-9495 (619) 296-9499	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: Madge Bradly Building MAILING ADDRESS: 1409 4th Avenue CITY AND ZIP CODE: San Diego CA 92101 BRANCH NAME: Probate		
ESTATE OF (Name): BERTHA M. JACK DECEDENT		
CREDITOR'S CLAIM		CASE NUMBER: 37-2007-00101457-PR-LS-CTL

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.
WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

1. Total amount of the claim: $ 3,358.93
2. Claimant *(name)*:
   a. ☐ an individual
   b. ☐ an individual or entity doing business under the fictitious name of *(specify)*:
   c. ☐ a partnership. The person signing has authority to sign on behalf of the partnership.
   d. ☐ a corporation. The person signing has authority to sign on behalf of the corporation.
   e. ☒ other *(specify)*: City of San Diego
3. Address of claimant *(specify)*: 3751 Market Street, San Diego, CA 92102
4. Claimant is ☒ the creditor ☐ a person acting on behalf of creditor *(state reason)*:
5. ☐ Claimant is ☒ the personal representative ☐ the attorney for the personal representative.
6. I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are ☐ on reverse ☒ attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 2-20-08

M. David Lugo
(TYPE OR PRINT NAME AND TITLE)
Cemetery Manager
City of San Diego

(SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

A. On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
B. If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
C. If the claim is secured by a note or other written instrument, the original or a copy must be attached *(state why original is unavailable.)* If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. *(See Prob. Code, § 9152.)*
D. Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
E. Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
F. The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
G. Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

E19975

ESTATE OF *(Name)*: BERTHA M. JACK DECEDENT	CASE NUMBER: 37-2007-00101457-PR-LS-CT

FACTS SUPPORTING THE CREDITOR'S CLAIM

☒ **See attachment** ***(if space is insufficient)***

Date of item	Item and supporting facts	Amount claimed
	TOTAL	$

PROOF OF ☐ MAILING ☐ PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE

(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is *(specify)*:

3. I mailed or personally delivered a copy of this *Creditor's Claim* to the personal representative as follows *(check either a or b below)*:
   a. ☐ **Mail.** I am a resident of or employed in the county where the mailing occurred.
      (1) I enclosed a copy in an envelope AND
         (a) ☐ **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
         (b) ☐ **placed** the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with the business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
      (2) The envelope was addressed and mailed first-class as follows:
         (a) Name of personal representative served:
         (b) Address on envelope:
         (c) Date of mailing:
         (d) Place of mailing *(city and state)*:
   b. ☐ **Personal delivery.** I personally delivered a copy of the claim to the personal representative as follows:
      (1) Name of personal representative served:
      (2) Address where delivered:
      (3) Date delivered:
      (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF CLAIMANT)

(SIGNATURE OF CLAIMANT)

E19975

INVOICE

Mount Hope Cemetery
A cemetery for all

INVOICE # 08-012
DATE: FEBRUARY 25, 2008

TO Arthur W. Chettle SBN: 147790
Attorney at Law
304 Kalmia Street
San Diego, CA 92101

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Paulette Crawford	Clerical Assistant II	Due on receipt	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.	Burial plot location		$2,264.00
2.	Open/Close gravesite		$533.00
3.	Concrete Liner		$270.00
4.	Handling fee of liner		$206.00
5.	Recording and filing fee		$65.00
6.	Tax on liner		$20.93
			$3,358.93

Paulette Crawford

Thankyou, Paulette
619-527-3400

TOTAL	$3,358.93

E19975

(cancelled to be rescheduled)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-8-06

At Need 18 chairs

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

of Bertha Jack 230507 20 10:00

in a Liner (Type of Burial Container) Funeral, date, time Mon. Nov 13 11:00

Church, Chapel, Graveside (Bayview) Anderson-Rogsdale Mortuary.

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

Division 12 Section 2 Blk/Row ____ Lot 250 Grave 6

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	538.-
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-69837 CK Returned 12/24/06	3358.93
Balance due	0

RECEIVED NOV - 9 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.

230506

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

X Erwell Jack
Signature

X ERVELL JACK
Print Name
X 8061 JAMACHA Rd.
Address
X San DIEGO 92114
City Zip Code
X (619) 426-4795
Telephone
(619) 251-0259

Invoice # ____

Work Order # E-19975

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

In grave of Barbara Rondeau

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-9-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Catherine M. Rondeau ⊗ 230501

in a Ash Vault (Type of Burial Container) Funeral, date, time (11-15-06) Weds 11:00

Church, Chapel, Graveside : Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 706 Grave _____

Grave space & Care Fund D-1765 (5/31/1972)	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	199.-
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 AP 004427 Visa Card	510.06
Balance due	0

PAID
NOV - 9 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.

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

X Amy Mill
Signature

X Amy Miller 230502
Print Name
X 45055 Karie Way
Address
X Temecula, CA 92592
City Zip Code
X 951-302-1041
Telephone

Invoice # _____

Work Order # E-19976

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19976

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Barbara Rondeau
Write in the name of the deceased for which the grave is for in the block marked with "X". 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

			McCoy			
	Garcia		X	Cotton	Long	
			Chavez			

Flagged Yes ✓ **No**

Blind Check Initiated By: Paulette Date: 11/13

Interment space for: Catharine M. Rondeau

Interment Date: 11-15-06 Time: 11:00 G.S.

Div: 10 Sect: ____ Blk/Row: ____ Lot: 706 Gr: ____

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: KEN Date: 11/14/06

CREMAINS WERE PLACED IN MIDDLE OF THE GRAVE

E 19976

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 11/01/06

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: Eternal Hills Oceanside

☐ FAMILY MEMBER / REPRESENTATIVE

CONTACT PERSON:

TELEPHONE NUMBER:

RELATIONSHIP TO DECEASED: Annie Miller (Sister)

NAME OF DECEASED:

LAST NAME: Rondeau

FIRST NAME: Catherine INITIAL:

D.O.D. D.O.B.

VETERAN: ☐ yes BRANCH OF SERVICE:

☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD

CASKET MEASUREMENTS: x x

FUNERAL SERVICE:

TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE

LOCATION OF SERVICE:

DATE OF SERVICE: TIME OF SERVICE:

EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

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

DIV: 10 SECT: BLK/ROW: LOT: 706 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:

Ashes placed on Barbara Anne Rondeau Sat

$10.06 $396.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

51 E19976

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

ID#26005

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CATHARINE	MARIE	RONDEAU	12/10/1954	10/31/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VISTA	SAN DIEGO	AMY MILLER, SISTER 45055 KARIE WAY TEMECULA, CA 92592

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ETERNAL HILLS MORTUARY, 1999 EL CAMINO REAL OCEANSIDE, CA 92054	FD234	▶ I G Burge	11/07/2006

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	11/08/2006	▶ 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
CREMATION/ 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 11-15-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ETERNAL HILLS CREMATORY 1999 EL CAMINO REAL OCEANSIDE CA 92054	12B. DATE CREMATED 11-9-06	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.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9a (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

in grave of Margaret Kenner

Date 11/09/06

Total of 12 CHAIRS

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Grace Justice Harmelink 230491

in a D.D. CRYPT "B" Funeral, date, time Friday Nov. 17th, 11:00
Type of Burial Container

Church, Chapel, Graveside Beardsley Mitchell Mortuary
619 583-7181

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

will be applied and billed to undersigned.

Division MAS Section A Blk/Row ~ Lot 45 1/4 Grave 1

Grave space & Care Fund E 7860 (1/1989) 0

Overtime/Late Arrival Fees

Opening/Closing & Setup PAID 533.-

Burial Container —

Handling Fees NOV 13 2006 —

Flower vases – Marker setting fee —

Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY 65.-

Sales taxes —

Total Due 598.-

Paid receipt number R-59838 598.-

Balance due 0

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

230490

I hereby authorize the interment in lot I hold under deed

x Patricia Rank
Signature

x PATRICIA RANK
Print Name

x 1865 Capistrano St.
Address

x San Diego, CA. 92106
City Zip Code

x 619 222-1806
Telephone

Patricia

Work Order # E-19977

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

printed on recycled paper

E 19977

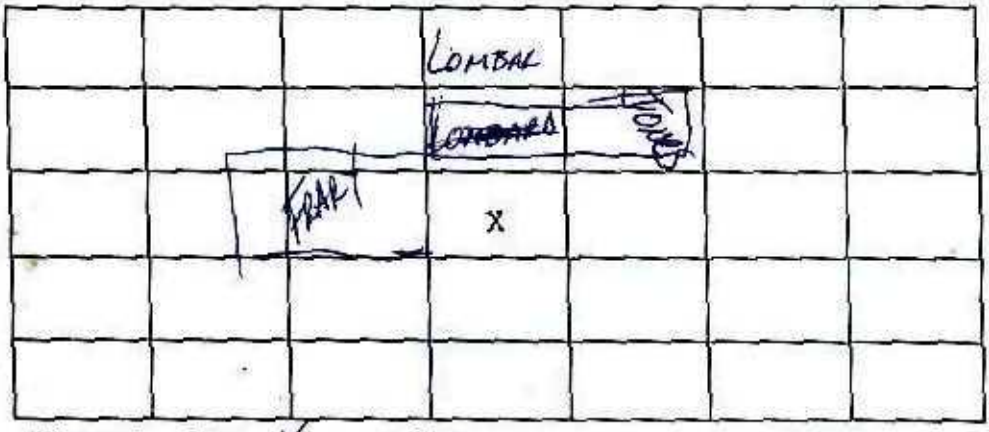
MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Margaret Kenner "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 DOCRYPT "B"



Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 11-14-06

Interment space for: Grace Justice Harmelink

Interment Date: Friday Nov. 17th Time: 11:00 G.S.

Div: MAS Sect: A Blk/Row: W Lot: 45 1/4 Gr: 1

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 19977

Patti

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 23-89

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

in a Double Crypt (Vault/Liner) Funeral, date, time Fri ~~Thur~~ -11Am 1-27

Church, Chapel, Graveside Graveside ; Beardsley-Mitchell Mortuary.

ext. 223-7181

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 45 1/4 Grave 1 Bottom Row _____ Section MAS- Division/~~Block~~ A

Grave space & Care Fund	For Double Crypt - flat Marker	595.00
Additional spaces and care fund	Top of Double Crypt open	
Opening/Closing & Setup		320.00
Burial Container		330.00
Handling Fees	Labor	325.00
Flower vases - Marker setting fee		—
Recording and filing fee		35.00
Sales taxes		23.10
	Total Due	1628.10
	Paid receipt number 37264	1628.10
	Balance due	-0-

Will Be in Before with ck

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7863

PY-593 (REV. 8-86)

E 19977

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GRACE	JUSTICE	HARMELINK	04/28/1914	11/09/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	PATTI RANK, DAUGHTER 1865 CAPISTRANO ST SAN DIEGO, CA 92106

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS SAN DIEGO, CA 92107	FD816	Andrea Yfmt	11/13/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	11/13/2006	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
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 11-17-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Jump	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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 10 Chairs

INTERMENT ORDER

City of San Diego

At need in grave of husband Isamu Sam Sugita ⊗

Date 11-13-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Faye Sugita ⊗ Pin 22695

in a ASH VAULT (Type of Burial Container) Funeral, date, time Dec. 13th Weds. 11:00

Church, Chapel Graveside : Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 5296 Grave _____

Grave space & Care Fund D-9674 11/6/1981	0
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-59843	510.06
Balance due	0

PAID

NOV 15 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-19978

Invoice # See attached

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19978

November 14, 2006

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

Dear Paulette:

Please find the enclosed check for $510.06 for the interment of Itsuye Faye Sugita. I understand this is scheduled for December 13, 2006 at 11:00 a.m.

I understand there is paperwork to be filled out and I will take care of this as soon as I receive it.

R-59843
E-019978

Thank you.

Sincerely,

Eugene I. Sugita

E 19978

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ISAMU SUGITA

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

			X			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 12-6-06

Interment space for: FAYE SUGITA

Interment Date: 12-13-06 Time: 11AM

Div: 10 Sect: ____ Blk/Row: ____ Lot: 5296 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 MIDDLE

E 1997

ABY 608

87615

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ITSUYE	FAYE	SUGITA	01/04/1922	11/01/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ALPINE	SAN DIEGO	EUGENE SUGITA, SON 1060 BREMEN WAY ALPINE, CA 91901

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - PB, 4710 CASS ST SAN DIEGO, CA 92109	FD-815	▶ Lisa Cerda	11/01/2006

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		$11.00	11/06/2006	▶ 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 12-16-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED NOV 07 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.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9e (REV.12/94)

SPECIAL INSTRUCTIONS REG[illegible]

THE FOLLOWING STATUTORY PROVI[illegible]
REMAINS OTHER THAN IN A CEMETERY. [illegible]
SAFETY CODE SECTIONS 7054.6, 7116, 7117, [illegible]

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF [illegible]
ISTERED AS A CREMATED REMAINS DISPOSER BY THE STA[illegible]
APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION [illegible]
CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESPERSON'S [illegible]
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 DISPOSER 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.)

REC'D NOV 07 2006

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ATneed
in grave of Rufus Thrasher

Date 11-13-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Herman Robert Moore ☒ 230509

in a ASH VAULT (Type of Burial Container) Funeral, date, time 11/16/06

Church, Chapel, Graveside Witness : Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section — Blk/Row — Lot 1446 Grave —

Grave space & Care Fund	D-2903 N/A	⊖
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	PAID	149.—
Burial Container		79.—
Handling Fees	NOV 13 2006	85—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	MOUNT HOPE CEMETERY	65—
Sales taxes		6.12
Total Due		384.12
Paid receipt number R-59839		384.12
Balance due		0

I hereby certify I am the X Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 230510

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

X Elgie Siler
Signature

X Elgie Siler
Print Name

X 3116 K Street
Address

X San Diego CA 92102
City

X (619) 230-0317
Telephone

Zip Code

Invoice # _____

Work Order # E-19979

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Lorraine Moore
230-0317

E19979

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH RUFUS THRASHER

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

			KATHRYN		KELLEY	
	CARRIE		THRASHER X		MOORE	
					LIVINGSTON	VINSON

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 11-16

Interment space for: HERMAN ROBERT MOORE

Interment Date: 11-16-06 Time: 1 PM

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1446 Gr: ____

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 11-16-06

CREMAINS WERE PLACED TOP CENTER

E 19979

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HERMAN	ROBERT	MOORE	10/21/1946	10/23/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ULA VISTA	SAN DIEGO	LORINE MOORE, MOTHER 3116 K STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶	11/12/2006

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	11/13/2006	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)

DISINTERMENT/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 11-16-06	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 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 — VS8a (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 11-13-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yeva Sakoyan & 230485

in a Ash Vault (Type of Burial Container) Funeral, date, time Wed's 15th 2:00pm

Church, Chapel (Graveside) Cypress View Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 47 Grave 14

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-59840 (4 monies orders)	988.12
Balance due	0

PAID
NOV 13 2006
MOUNT HOPE CEMETERY
B243

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

230583

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

X _____
Signature

X Konstantin Belyanin
Print Name
X 10223 Mission Gorge Rd #19
Address
Santee 92071
City Zip Code
(619) 449-4313
Telephone

Paulette

Work Order # E-19980

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19980

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 FSH Vault

		Webb		Lockhart		
			X			
		Orthel		Hamilton		

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 11/13

Interment space for: Yeva Sakoyan Ø

Interment Date: Weds. Nov. 15th Time: 2:00 68.

Div: 11 Sect: 2 Blk/Row: ____ Lot: 47 Gr: 14

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 19980

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YEVA	P.	SAKOYAN	08/24/1924	10/25/2006	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	GRIGORIY G. SAKOYAN, HUSBAND 1551 3RD AVE. #408 SAN DIEGO, CA 92101

7A. TYPED NAME AND ADDRESS OF 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 Green	10/27/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	10/27/2006	▶ 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 11-15-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Harold Morgan	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE. SAN DIEGO CA 92113	12B. DATE CREMATED 10/30/06	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 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.)

ABV 662

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need 20-25 Chairs

Date 11-13-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Thomas Quin 230512

in a Top Seal Vault (Type of Burial Container) Funeral, date, time Sat. Nov. 18th 12:00

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section — Blk/Row — Lot 1622 Grave —

Grave space & Care Fund E-7999 <19897	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container AP # 055050 CANOPY Pd $65	355.-
Handling Fees	263.-
Flower vases (Gall.) Marker setting fee $33.09 + $178.00	211.09
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	1454.60
Paid receipt number Visa AP 048843	1454.60
Balance due	Ø

PAID NOV 14 2006 MOUNT HOPE CEMETERY

fax of Madeline 619-264-3194 COL N9405440 01

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 I hold under deed.

x [signature]
Signature

x Madeline Quin 230511
Print Name

x 431 Third Avenue
Address

x San Diego CA 92101
City Zip Code

619.264.3194
Telephone

Invoice # _____

Acct. # _____

Work Order # E-19981

Everified ID of Deceased 2007 exp.

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19981

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

		McDaniel	X	Quinn		
		Duffey	Wilcox	Chancellor		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 11-15-06

Interment space for: George Thomas Quin

Interment Date: Sat Nov. 18th Time: 12:00 noon

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1622 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 ____

E19981

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

47

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GEORGE	T.	QUIN	01/22/1959	11/07/2006	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
N DIEGO	SAN DIEGO	YVONNE QUIN, MOTHER 431 THIRD AVENUE SAN DIEGO, CA 92101

7A. TYPED NAME AND ADDRESS OF 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		11/16/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	11/16/2006	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 MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 11-18-06	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.12/04)

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.)

pre-need lot, trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-13-06

#230412 #230520

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Zsanee Hall and Marnesha Zsanee Hall

in a DDCRYPT A & B (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 5 Grave 10

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	559.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number P-005716	779.00
Balance due	3117.77

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

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

X Zsanee Hall
Signature

230412

X ZSANEE' HALL
Print Name

X 5116 Solola Ave
Address

X SAN DIEGO CA 92114
City Zip Code

X (619) 264-9317
Telephone

Invoice # _____

Work Order # E-19982

Acct. # _____

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

Printed on recycled paper

3/12/08 Sent new coupons & letter.

3896.77
2264.00
1632.77

3-12-08
mailed a newset of coupons w/a letter stating the importance to paying monthly.

Pin230412 & pin230520 E-19982

Hall, Zsanee and Marnesha Zsanee Hall 5216 Solola Ave., SD CA 92114 619-264-9317

Div 11, Sec 2, Lot 5, Gr 10

	DEBIT	CREDIT	BALANCE
11/13/06 Opened pre-need lot w/ 20% dwn. Trust includes	2264.00		2264.00
o/c $533, B/C $539, H/F $454.r/f fee $65 tax on DD Crypt	1632.77		3896.77
$41.77. First burial charches only.		779.00	3117.77

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
Res. fee

Date 11-14-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jacqueline Perkins #230514

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Tues Nov 21, 11:00

Church (Chapel) Graveside _____ ; Humphreys Mortuary.

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

will be applied and billed to undersigned. _____

Division MAS Section C Blk/Row ~ Lot 10 Grave 1

Grave space & Care Fund	2264.00
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	3,896.77
Paid receipt number MC AP035005	3,896.77
Balance due	0

PAID
NOV 14 2006
MOUNT HOPE CEMETERY

verified ID
CDL H0465335
1-23-08

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 230513

x William Perkins
Signature

x William E Perkins
Print Name
4306 Balsam Lake
Address
San Diego 92119
City Zip Code
619 469-6614
Telephone

Paulette

Work Order # E-19983

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19983

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 Double Depth Crypt

		Butler	X	Garrison		
				Harman		

Flagged Yes X No _____

Blind Check Initiated By: Kevin Date: 11-20-06

Interment space for: Jacqueline Perkins

Interment Date: Tues. Nov 21 Time: 11:00 Chapel

Div: MAS Sect: C Blk/Row: _____ Lot: 10 Gr: 1

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 _____

E19983

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ND 410

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JACQUELINE	ANDERSON	PERKINS	06/20/1936	11/12/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	BILL PERKINS, HUSBAND 25038 MANZANITA LANE DESCANSO, CA 91916

7A. TYPED NAME AND ADDRESS OF 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	▶ Kim Beaulieu	11/15/2006

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	11/15/2006	▶ 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
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 11-21-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 11/16/06

Abdallah

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HANI A. NUHAILY 230516

in a Muslim Type of Burial Container Funeral, date, time Nov. 17 12:30

Church, Chapel, Graveside Arrival @ 2:30 ; 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 Mus Section _____ Blk/Row _____ Lot 159 Grave 158

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$708.00
Burial Container SLAB	$151.00
Handling Fees	I
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	$85.00
Sales taxes	$11.70
Total Due	$955.70

PAID NOV 2006 MOUNT HO

Paid receipt number AP 363495 M/C

Balance due $955.70

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

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

N J Purcell
Signature

Nujoud Purcell 230515
Print Name

14550 Skyline Truck Trail
Address

Jamul 91935
City Zip Code

619-279-9041
Telephone

Invoice # _____

Work Order # E-19984

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19984

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH N/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 SLAB

			X			

Flagged **Yes** X **No** /

Blind Check Initiated By: KEVIN Date: 11-16-06

Interment space for: HANI A. NOHAILY

Interment Date: NOV. 17 2006 Time: 2:30 PM

Div: MUSLIM Sect: ____ Blk/Row: ____ Lot: 159 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 ____

E19984

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HANI	ABDALLAH	NUHAILY	06/06/1984	11/15/2006 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
HULA VISTA	SAN DIEGO	ABDALLAH M. NUHAILY, FATHER 667 FIFTH 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
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE PO BOX 88 SAN DIEGO, CA 92112	FD843	Deborah D Bray	11/17/2006

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	11/17/2006	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)	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 11-17-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Jamison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/16/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of M. EDISON DYE 230486

in a DDCrypt (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 141 Grave 5

Grave space & Care Fund	2,269.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container DDCrypt	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number R00578	1,000.00
Balance due	2896.77

Paid in full NOV 16 2006 5/9/2007

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.

230487

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

Signature

SHIRLEY ANN EVANCHO
Print Name

8130 LA MESA Blvd #8
Address

LA MESA CA 91941
City Zip Code

619-250-2076
Telephone

Invoice # _____

Work Order # E-19985

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19985

Wells Fargo
PO Box 5110
Sioux Falls, SD 57117-5110

October 23, 2006

SHIRLEY A EVANCHO
4070 HIGHLAND AVE APT 7
SAN DIEGO, CA 92105-1740

Dear Customer:

Our records show that we do not have the appropriate signature on file for your account [redacted]

Please have the authorized signer(s) on the account sign the enclosed Account Application/Information form and return it in the envelope provided.

If the enclosure is a Business Account Application, please have the authorized signer(s) on the account sign both the *Certified/Agreed* and the *Authorized Signers* sections and return the form in the enclosed envelope.

We are required to inform you that if the enclosed application is not returned to us and you continue to use this account, you agree:

- not to hold Wells Fargo liable and
- to indemnify Wells Fargo for any deposits, checks or withdrawals made to or from this account by any person designated as an authorized signer and whose signature has not been received by us.

If you have questions, please contact your Wells Fargo personal banker or *Wells Fargo Phone Bank*[SM] at 1-800-TO-WELLS (1-800-869-3557), available 24 hours a day, seven days a week.

Sincerely,

Wells Fargo Bank, N.A.

Enclosure

8938643684/00114

E19985

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 16 day of November, ~~19~~ 2006, between Shirley Evanchu, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 141, Grave 5, Row ____, Section 2, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $3896.77, payable as follows: $ 1000 cash herewith, the receipt of which is hereby acknowledged; $ 1000 on the 16 day of Nov. 16, 2006; and the balance in installments of $ 125.00 or more, payable at the office of Mt. Hope Cemetery, on the 17 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

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

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

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

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

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

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

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

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

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

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

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

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

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

E19985

WITNESS our hands this day and year above written.

M. Edwin Dyer

TOTAL $ 3,896.77

DOWNPAYMENT $ 1,000.00

23 MONTHS $ 125.00

FINAL 24 MONTH $ 21.77

TWO YEAR CONTRACT

I agree to pay the required monthly payments of $ 125 for 23 months. Final payment to be $ 21.77 on the 24 month.

First monthly payment to begin on:

MONTH December

YEAR 2006

Purchaser's Signature Shirley H Evancho

PURCHASER PHONE 619-250-2076

Shirley H Evancho
Print Name

Shirley H Evancho
Signature

8130 La Mesa Blvd #88
Street Address (Mail)

La Mesa CA 91941
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By:

SLW:st(62-1)
1-03-90

E 19985

Mt Hope Cemetery
Contract Entry Verification
11/16/2006

Contract Number: E-19985-F

Contract Date: 11/16/2006
Purchaser: Evancho, Shirley Ann
8130 La Mesa Blvd #8

La Mesa ,CA 91941

Purchaser 230487 / 230486
Phone: 619-250-2076

Beneficiary: Dye, M Edison

Counselors: 2 MARIA P. SAUNDERS

Qty	Category	Description of Contract Items	Price	Tax Allowance	Addl. Desc.
1	Graves-Resident	Grave Resident	2,264.00	0.00	
1	O/C Resident PN	1st Dbl Depth SD Resident	533.00	0.00	
1	OBC - Resid PN	Dbl/D Crypt SD Resident	539.00	41.77	
1	Hndl Fee Res PN	Crypt Hndl SD Resident	454.00	0.00	
1	Misc -Resid PN	Recording Fee SD Resident	65.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth
Division 12	2		141	5	A

BASE PRICE	3,855.00		**NUMBER OF INSTALLMENTS**	24
SALES TAX	41.77		**REGULAR PAYMENT OF**	125.00
TOTAL CASH PRICE	3,896.77		**ODD PAYMENT OF**	21.77
DOWNPAYMENT	1,000.00 -		**DATE FIRST PAYMENT DUE**	12/16/2006
TRANSFER ALLOWANCE	0.00 -		**PAYMENT**	MONTHLY
DISCOUNT OR ALLOWANCE	0.00 -			
			SOURCE:	Family Member Here
FINANCE CHARGE	0.00 @	0.000%	AMORTIZE	
TOTAL OF PAYMENTS	2,896.77			
DEFERRED PAYMENT PRICE	3,896.77			

		ACCOUNT CONTRIBUTIONS	**AMOUNT**	**FRACTION**
R	L	Perp. Care	452.80	
I	V	P/N Trust	1,591.00	1.0000
R	S	**Equity**	1,811.20	
A		**Interest**	0.00	
R	S	**Tax Recovery**	41.77	
R	V	**Late Charge**	0.00	

CONTRACT ENTERED BY: _____

E 19985

Mt Hope Cemetery

Agreement Confirmation

11/16/2006

Agreement Number: E-19985-F
Agreement Date: 11/16/2006
Purchaser: Evancho, Shirley Ann
8130 La Mesa Blvd #8

La Mesa ,CA 91941

Purchaser Number: 230487 / 230486
Phone: 619-250-2076

Beneficiary: Dye, M Edison

Counselors: 2 MARIA P. SAUNDERS

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves-Resident	Grave Resident	2264.00	0.00	
1	O/C Resident PN	1st Dbl Depth SD Resident	533.00	0.00	
1	OBC - Resid PN	Dbl/D Crypt SD Resident	539.00	41.77	
1	Hndl Fee Res PN	Crypt Hndl SD Resident	454.00	0.00	
1	Misc -Resid PN	Recording Fee SD Resident	65.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth
Division 12	2		141	5	A

BASE PRICE	3,855.00	
SALES TAX	41.77	
TOTAL CASH PRICE	3,896.77	
TOTAL DOWNPAYMENT	1,000.00 -	
TRANSFER ALLOWANCE	0.00 -	
DISCOUNT OR ALLOWANCE	0.00 -	
FINANCE CHARGE	0.00	
TOTAL OF PAYMENTS	2,896.77	
DEFERRED PAYMENT PRICE	3,896.77	
NUMBER OF INSTALLMENTS	24	
REGULAR PAYMENT OF	125.00	
ODD PAYMENT OF	21.77	
DATE FIRST PAYMENT DUE	12/16/2006	
PAYMENT PLAN	MONTHLY	MONTHLY PAYMENT = $ 125.00

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

OFFICIAL RECEIPT

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

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

P00817

Date: May , 2007

From: Shirley Ann Evancho Address: 8130 La Mesa BVD #88

one thousand, one hundred, forty-six and 77/00 Dollars ($ 1,146.77)

In full Payment of Pre-need lot trust, paid in full.

Div 12 Sec 2 Blk/Row Lot 141 Grave 5

Invoice No. E-14985

Acct. No.

W.O.

BALANCE DUE 0

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2390 ISSUED BY

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

MAY - 9 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	1,146. 77
Trust	77186	
TOTAL PAID	$	1,146 77

OFFICIAL RECEIPT

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

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

P00811

Date: 5-8 , 20 07

From: S. Evancho Address: on record

Twelve Hundred, Fifty and 00 Dollars ($ 1,250.—)

in part Payment of PN Lot and Trust 10 payments #5 thru #14

Div 12 Sec 2 Blk/Row _____ Lot 147 Grave 5

Invoice No. E-19985

Acct. No. _____

W.O. _____

BALANCE DUE $ 1,146.77

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

PAID

MAY - 7 2007

MOUNT HOPE CEMETERY

ISSUED BY pauldt

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	1250 —
Trust	77186	
TOTAL PAID		$ 1,250 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2584

AC-212 (11-05)

This information is available in alternative formats upon request.

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19985

Shirley A. Evancho
8130 La Mesa Blvd #8
La Mesa, CA 91941

[illegible]	[illegible]	**Payment Due Date:**	03/16/2007
Payment Amount:	**125.00**	**Amount Enclosed:**	125.-
[illegible]	[illegible]		
[illegible]	[illegible]		

For answers to billing questions, please call 619-527-3400. Thank you.

OFFICIAL RECEIPT

[redacted]

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

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

P 00701

Date: 2/14, 2007

From: S. Evancho Address: on record.

One hundred, twenty-five and 00 Dollars ($ 125.-)

in part Payment of pre-need lot, trust #3

Div 12 Sec 2 Blk/Row ____ Lot 141 Grave 5

Invoice No. E-19985

Acct. No. ____

W.O. ____

BALANCE DUE $2521.77

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

PAID

FEB 13 2007

Paulette

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	125.-
Trust	77186	
TOTAL PAID		$ 125.-

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 250

AC-212 (11-05)

This information is available in alternative formats upon request.

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19985

Shirley A. Evancho
8130 La Mesa Blvd #8
La Mesa, CA 91941

[illegible]	[illegible]	Payment Due Date:	02/16/2007
Payment Amount:	**125.00**	**Amount Enclosed:**	125
[illegible]	[illegible]		
[illegible]	[illegible]	*For answers to billing questions, please call 619-527-3400. Thank you.*	
[illegible]	[illegible]		

OFFICIAL RECEIPT

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

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

P 00657

Date: January 17, 20 07

From: S. Evancho Address: on record

One hundred twenty-five Dollars ($ 125 —)

in part Payment of Coupon #2

Div 12 Sec 2 Blk/Row Lot 141 Grave S

Invoice No. E- 19985

Acct. No.

W.O.

BALANCE DUE $ 2646.77

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

PAID

JAN 17 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	125. —
Trust	77186	

TOTAL PAID $ 125. —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 2455

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 00619

Date: Dec 11, 2006

From: Shirley Ann Evancho Address: on record

One hundred twenty-five Dollars ($ 125.—)

in part Payment of pre-need lot trust. Coupon 1

Div 12 Sec 2 Blk/Row ~ Lot 141 Grave 5

Invoice No. E-19985

Acct. No.

W.O.

BALANCE DUE $ 2,771.77

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

PAID

DEC 11 2006

MOUNT HOPE

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	125.—
Trust	77186	

TOTAL PAID $ 125.—

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 2274

AC-212 (11-05)

This information is available in alternative formats upon request.

Mt Hope Cemetery
[illegible]51 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19985

Shirley A. Evancho
8130 La Mesa Blvd #8
La Mesa, CA 91941

[illegible]	[illegible]	**Payment Due Date:**	01/16/2007
Payment Amount:	**125.00**	**Amount Enclosed:**	125-
[illegible]	[illegible]		
[illegible]	[illegible]	*For answers to billing questions, please call 619-527-3400. Thank you.*	
[illegible]	[illegible]		

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19985

Shirley A. Evancho
8130 La Mesa Blvd #8
La Mesa, CA 91941

		Payment Due Date:	10/16/2007
Payment Amount:	**125.00**	**Amount Enclosed:**	125 —
		For answers to billing questions, please call 619-527-3400. Thank you.	

OFFICIAL RECEIPT

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

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

P00754

Date: March 16, 20 07

From Shirley A. Evancho Address: on record

One hundred, twenty-five and 00/00 Dollars ($ 125.-)

in part Payment of Pre-need lot, trust coupon #4

Div 12 Sec 2 Blk/Row — Lot 141 Grave 5

Invoice No. E-19985

Acct. No.

W.O.

BALANCE DUE $ 2,396.77

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

PAID

MAR 16 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	125.—
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2541

ISSUED BY Paulette C.

TOTAL PAID $ 125.—

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

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19985

Shirley A. Evancho
8130 La Mesa Blvd #8
La Mesa, CA 91941

Payment Number:	12	**Payment Due Date:**	1/15/2007
Payment Amount:	125.00	**Amount Enclosed:**	125-
Payment after 12/15/2007:	125.00		
Bal. After Any Payment:	1396.72	*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payments Remaining:	12.00		

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19985

Shirley A. Evancho
8130 La Mesa Blvd #8
La Mesa, CA 91941

Payment Number:	43	Payment Due Date:	12/16/2007
Payment Amount:	**125.00**	**Amount Enclosed:**	125-

For answers to billing questions, please call 619-527-3400. Thank you.

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19985

Shirley A. Evancho
8130 La Mesa Blvd #8
La Mesa, CA 91941

Payment Number:	[illegible]	**Payment Due Date:**	01/16/2008
Payment Amount:	**125.00**	**Amount Enclosed:**	125-
[illegible]	[illegible]		
[illegible]	[illegible]		
[illegible]	10.00		

For answers to billing questions, please call 619-527-3400. Thank you.

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19985

Shirley A. Evancho
8130 La Mesa Blvd #8
La Mesa, CA 91941

[illegible]	[illegible]	[illegible]	[illegible]
Payment Amount:	**125.00**	**Amount Enclosed:**	125 —
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	*For answers to billing questions, please call 619-527-3400. Thank you.*	

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

Payment Coupon

Account Number: E-19985

Shirley A. Evancho
8130 La Mesa Blvd #8
La Mesa, CA 91941

Payment Number:	6	Payment Due Date:	05/16/2007
Payment Amount:	**125.00**	**Amount Enclosed:**	125-
Payment after 04/26/2007:	125.00		
Bal. After This Payment:	2146.57	*For answers to billing questions, please call*	
Payments Remaining:	18.00	*619-527-3400. Thank you.*	

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19985

Shirley A. Evancho
8130 La Mesa Blvd #8
La Mesa, CA 91941

Payment Number:	[illegible]	**Payment Due Date:**	06/16/2007
Payment Amount:	**125.00**	**Amount Enclosed:**	125
Payment after 06/[illegible]/2007:	[illegible]		
Bal. After This Payment:	[illegible]		
Payments Remaining:	[illegible]		

For answers to billing questions, please call 619-527-3400. Thank you.

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19985

Shirley A. Evancho
8130 La Mesa Blvd #8
La Mesa, CA 91941

Payment Number:	8	Payment Due Date:	07/16/2007
Payment Amount:	**125.00**	**Amount Enclosed:**	125-
[illegible]	[illegible]		
[illegible]	[illegible]	*For answers to billing questions, please call 619-527-3400. Thank you.*	
[illegible]	[illegible]		

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: .E-19985

Shirley A. Evancho
8130 La Mesa Blvd #8
La Mesa, CA 91941

Payment Number:	9	**Payment Due Date:**	08/16/2007
Payment Amount:	125.00	**Amount Enclosed:**	125-
Payment after 08/26/2007:	125.00		
Bal. After This Payment:	[illegible]	*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payments Remaining:	[illegible]		

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19985

Shirley A. Evancho
8130 La Mesa Blvd #8
La Mesa, CA 91941

Payment Number:	10	**Payment Due Date:**	09/16/2007
Payment Amount:	125.00	**Amount Enclosed:**	125 —
Payment After 09/16/2007:	[illegible]		
Bal. After This Payment:	[illegible]		
Payments Remaining:	[illegible]		

For answers to billing questions, please call 619-527-3400. Thank you.

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19985

Shirley A. Evancho
8130 La Mesa Blvd #8
La Mesa, CA 91941

Payment Number:		Payment Due Date:	12/16/2006
Payment Amount:	**125.00**	**Amount Enclosed:**	125
Payment after 12/16/2006:			
Bal. After This Payment:		*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payment Remaining:			

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 11-17-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris J. Lane-Robinson 230518

in a Steel Liner Type of Burial Container Funeral, date, time Tues Nov 21 10:30

Church, Chapel, Graveside All FAITHS Mortuary.

All Funeral cars 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 168 Grave _____

Grave space & Care Fund E-18839	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup PAID	533-
Burial Container	270.- ~~444.~~
Handling Fees NOV 17 2006	206-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY	65-
Sales taxes	20.93 ~~884~~
Total Due	1094.93 ~~720.84~~
Paid receipt number R-59845	720.84
Balance due R-59847	324.09 0

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

230517

I hereby authorize the interment in lot I hold under deed. (Husband)

X _____
Signature

X Anthony C Lane-Robinson
Print Name

X 1478 Hemlock Ave
Address

X Imperial Beach, CA 91932
City Zip Code

(619) 578-8681
Telephone

Anthony

Paulette

Work Order # E-19986

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

printed on recycled paper

E19986

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

				AZIZ		
			X			
	STONE DRAIN					

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 11-20-06

Interment space for: Doris Lane-Robinson

Interment Date: 11/21 Time: 10:30

Div: Mus Sect: ____ Blk/Row: ____ Lot: 168 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 ____

E19986

55

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	JEAN	LANE-ROBINSON	06/27/1951	11/17/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CORONADO	SAN DIEGO	ANTHONY LANE-ROBINSON, HUSBAND 1478 HEMLOCK AVE. IMPERIAL BEACH, CA 91932

7A. 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 as such	8B. DATE SIGNED
ALL FAITHS MORT. & CREM. SERVIC, 9840 CAMINITO CUADRO SAN DIEGO, CA 92129	FD1733	▶ Anthony L. Robinson	11/20/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	11/20/2006	▶ 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 ST., SAN DIEGO, CA 92102	11B. DATE BURIED 11-21-06	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 2 IS RETAINED BY 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 11/17/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Langston (resident) 246582

in a Double-Crypt A&B (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division MAS Section P Blk/Row ~ Lot 130 Grave ~

Grave space & Care Fund	0
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 P-00590	327.00
Balance due	1,305.77

PAID

JAN - 7 2009

MOUNT HOPE CEMETERY

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

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

Signature

Paulette

Print Name

Address

City Zip Code

Telephone

See Cettached for signature

Invoice # _____

Acct. # _____

Work Order # E-19987

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19987

WITNESS our hands this day and year above written.

TOTAL $ 1632.77

DOWNPAYMENT $ 327.00

23 MONTHS $ 54.41

FINAL
24TH MONTH $ 54.34

TWO YEAR CONTRACT

I agree to pay the required monthly

Payments of $ 54.41 for 23 months.

Final payment to be $ 54.34 on

The 24th month.

First monthly payment to begin on:

MONTH December

YEAR 2006

Purchaser's Signature X Gloria Trumble, Trustee

PURCHASER PHONE X 6199344164

X Gloria Trumble
Print Name Trustee - Dorothy Langston Trust

X Gloria Trumble, Trustee
Signature

X PO Box 120129
Street Address (Mail)

X Chula Vista CA 91912
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery
3751 Market Street
San Diego CA 92101

By: Paulette Crawford

PC:pc
April 3, 2006

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 11/17/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Battle Pin: 848

in a DD Crypt B Funeral, date, time 1:00 chapel Tues Nov 28
Type of Burial Container

Church, Chapel, Graveside _____ ; Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213 will be applied and billed to undersigned. X _____

Division 10 Section _____ Blk/Row _____ Lot 2822 Grave 1

Grave space & Care Fund E-17586 2003	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	
Paid receipt number _____	
Balance due	0

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

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

X _____
Signature

X _____ Print Name
X _____ Address
X _____ City Zip Code
X _____ Telephone

See attached

Invoice # _____

Work Order # E-19988

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19988

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/17/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Battle, Sr. Funeral, date, time 1:00 Chapel Tues Nov 28 in a DD Crypt (Type of Burial Container) Church, Chapel, Graveside Anderson-Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213 will be applied and billed to undersigned. X

Division 10 Section ____ Blk/Row ____ Lot 2822 Grave 1

Grave space & Care Fund E-17586	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	Ø

228895

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 James W. Battle

X James W. Battle Jr.
X 13137 Tawny Way
Address
X Poway, CA 92064
City Zip Code
X (619) 742-4806
Telephone

Invoice # ____

Acct. # ____

Work Order # E-19988

This information is available in alternative formats upon request.

E19988

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Hazel M. Battle DD 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.

BURIAL CONTAINER DD Crypt B

			TEAMANS	VOLKS	PORTER	
	BATTLE	LINTZ	X		HILL	
				SAVELLA		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 11-27-06

Interment space for: James Battle

Interment Date: 11-28-06 Time: 1:00 Chapel

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2822 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

FLOWER VASE(S) ON GRAVE

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E19988

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 90 416

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

1A. NAME OF 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	WILLIAM	BATTLE	05/26/1916	11/16/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	JAMES W BATTLE JR, SON 13137 TAWNY WAY POWAY, CA 92064

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	11/20/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	11/20/2006	▶ 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
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 11-28-06	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.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need intigent

Date 11-17-06

230546

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samuel Spivey PA# 20070621 Dec 6 12:30

in a DDCRYPT "A" (Type of Burial Container) Funeral, date, time ~~Weds, Nov 22, 11:00~~

Church, Chapel, Graveside Delivery Only Humphrey's CV 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. 619) 425-9111

Division 13 Section ~ Blk/Row ~ Lot 21 Grave 3A

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	776.23
Paid receipt number AP 003425	776.23
Balance due	Ø

PAID NOV 21 2006 MOUNT

P.A. Ida Comerford
858-694-3531

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-19989

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

858 - 694 - 3987

E19989

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 11/20/06		From: Paulette
To: Greg Ojeda		Telephone #: (619) 527-3400
Telephone #:		Fax #: (619) 527-3403
Fax #		Pages (including this cover sheet):
Subject: Information to be filled in by Mortuary		

Confirmation of date, time and if Mortuary is paying for burial must be received by Mt Hope Cemetery with-in 24 hrs of receipt or service will not be scheduled

Date and time faxed to Mortuary:	11-20-06 2:20pm
Burial fee amount due:	$776.23
Burial service fee for:	Samuel Spivey PA20070621
Date and time of burial service:	Weds. Nov. 22 11:00 Delivery
Due date of burial fee to Mt Hope Cemetery:	Monday 11-20-06
Prepared by:	Paulette Crawford
Signature:	Paulette Crawford
Mortuary Approval (print name):	
Signature:	
Date faxed back to Mt. Hope Cemetery:	
Comments: Mortuary's Signature will constitute agreement to pay for services requested	
Please sign the interment order & fax back to me. If not, have Ida Comerford sign. Thanks	

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

E19999

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 11/21/06
To: Mr. Ojeda
Telephone #:
Fax #: 858-694-3987
Subject: Samuel Spivey Interment

From: Mavia Dovensky
Telephone #: (619) 527-3400
Fax #: (619) 527-3403
Pages (including this cover sheet): 3

COMMENTS: Please complete the attached (x) interment order and fax back to us 619 527-3403

attached is a copy of your Credit Card receipt

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3420 • Fax (619) 527-3423

E19989

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need intigent

Date 11-17-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samuel Spivey PA# 20070621

in a DDCRYPT "A" (Type of Burial Container) Funeral, date, time Wed, Nov 22, 11:00

Church, Chapel, Graveside Delivery Only Humphrey's 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 13 Section _____ Blk/Row _____ Lot 21 Grave 3A

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	404.00
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	

P.A. Ida Comerford
858-694-3531

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-19989

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19989

MESSAGE CONFIRMATION

11/21/2006 11:38
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
11/21	00'45"	858 694 3987	CALLING	03	OK	0000

11/21/2006 11:33 SD MT. HOPE CEMENTERY → 918586943987 NO.701 P01

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 11/21/06
To: Mr. Ojeda
Telephone #:
Fax #: 858-694-3987
Subject: Samuel Salvey

From: Maria Davensky
Telephone #: (619) 527-3400
Fax #: (619) 527-3403
Pages (including this cover sheet): 3

E19989

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

DATE: 11/21/06 TIME: 10:25:31
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 209
CD TYPE: VISA
TR TYPE: MP

TOTAL: $776.23M

ACCT: ************0301 EXP: ****
AP: 003425 AVS: ZIP MATCH
CUST CD: TAX: 0.00
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

E 19989

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

79

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SAMUEL	DAVID	SPIVEY	06/15/1927	10/17/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	HUMPHREY MORTUARY 753 BROADWAY 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	▶ Kim Beaulieu	11/22/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	11/22/2006	▶ 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 MOUNT HOPE CEMETERY 3751 MARKET STREET - SAN DIEGO, CA 92102	11B. DATE BURIED 12-6-06	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

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

City of San Diego

At need
RPS fee

Date 11-20-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sedric Turner 230529 (2 yrs old)

in a Ox Liner (Type of Burial Container) Funeral, date, time Weds Nov 22 11:00

Church, Chapel, Graveside : CA Burial Elcajon 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 9 Section 3 Blk/Row — Lot 98 Grave —

Grave space & Care Fund	277.-
Overtime/Late Arrival Fees	277.- b/c
Opening/Closing & Setup	135. b/c
Burial Container Length 46", Width 21", Height 18"	
Handling Fees	71.00
Flower vases TRIONYX / Marker setting fee 10 x 20 x 3" $65.71 + $114.00	179.71
Recording/Filing/Transfer Fees	65.-
Sales taxes	10.46
Total Due	1,015.17
Paid receipt number V-SD AP040784	1015.17
Balance due	Ø

PAID
NOV 20 2006
MOUNT HOPE CEMETERY

CDLN 815 0933
10-01-07

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

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

X _____ Signature

X Sedra Turner 230522
X James Turner 230521
Print Name

X 2680 Lionel St
Address

X San Diego 92123
City Zip Code

X 619-315-5595
Telephone

Invoice # _____

Work Order # E-19990

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19991

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 TS Vault

			ong	Fong		
	Rui Lan Chen	Xue Xian Yang	X			

Flagged Yes ✓ **No**

Blind Check Initiated By: Paulette Date: 11-22

Interment space for: Chung TAM

Interment Date: Sat. Nov 25 Time: 11:00 Chapel

Div: 11 Sect: 2 Blk/Row: ____ Lot: 146 Gr: 11

Grave Laid out by: DAVID

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 11/24/04

CREMAINS WERE PLACED ____

E19990

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

2

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SEDRIC	ALEXANDER	TURNER	11/30/2003	11/16/2006	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	JAMES TURNER, FATHER 2680 LIONEL STREET SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	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	11/22/06

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	11/22/2006	▶ 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 STREET SAN DIEGO CA 92102	11B. DATE BURIED 11-22-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim E. Kemp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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.)

E19990

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 OX-Liner

		Bell				
[illegible]	[illegible]		X	[illegible]		
[illegible]						

Flagged **Yes** X **No**

Blind Check Initiated By: [illegible] Date: _____

Interment space for: Sedric Turner

Interment Date: _____ Time: 11:00

Div: 9 Sect: 3 Blk/Row: _____ Lot: 98 Gr: 1

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 _____

E19990

Father

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 11/20/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHUNG TAM 230525

in a TS VAULT Funeral, date, time Sat. Nov. 25 11:00
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. _____

Chinese

Division 11 Section 2 Blk/Row — Lot 146 Grave 11

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533 —
Burial Container	355 —
Handling Fees	263 —
Flower vases, Marker setting fee	178 —
Recording/Filing/Transfer Fees SATURDAY Fee $851.00	916 —
Sales taxes	27.51
Total Due	2222.51
Paid receipt number M/C AP 204659	2,272.51
Balance due	0

PAID
NOV 21 2006
MOUNT HOPE

6622

619-264-3433 fax# vyendo

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-19991

Invoice # _____

Acct. # _____

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

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518-8510 vyendo

E19991

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 11/20/06

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

of CHUNG TAM

in a TS VAULT Funeral, date, time Sat. Nov 25 11:00

Church Chapel Graveside Greenwood Mortuary

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

will be applied and billed to undersigned _____

Chinese

Division 11 Section 2 Blk/Row — Lot 146 Grave 11

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.—
Burial Container	355.—
Handling Fees	263.—
Flower vases Marker setting fee	178.—
669 Recording/Filing/Transfer Fees Saturday Fee $851.00	916.—
Sales taxes	27.51
Total Due	2222.51

619-264-3433 fax# vyendo

Paid receipt number _____

Balance due _____

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

I hereby authorize the interment in lot / hold under deed

Signature

X KERWIN TAM 230524

Print Name

X 13859 KERRY LN

Address

X SD CA 92130

City Zip Code

X 858-337-6538

Telephone

Paulette

Work Order # E-19991

Invoice # _____

Acct. # _____

REA-104 (3-94)

This information is available in alternative formats upon request.

E19991

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

DATE: 11/21/06 TIME: 15:02:32
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 209
CD TYPE: MC
TR TYPE: MP

TOTAL: $2272.51M

ACCT: **********6114 EXP: ****
AP: 284859

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

4-2-146-11

E019991

E 019991

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

DATE: 11/21/06 TIME: 15:02:32
MERH: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 209
CD TYPE: MC
TR TYPE: MP

TOTAL: $2272.51M

ACCT: **********6114 EXP: ****
AP: 204859

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

11-2-146-11

E 019991

E19991

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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]UNG	LEUNG	TAM	10/22/1928	11/19/2006	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 GABRIEL	LOS ANGELES	KERWIN TAM (SON) 13859 KERRY LANE SAN DIEGO, CA 92130

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY 4300 IMPERIAL AVENUE SAN DIEGO, CA 92113	FD-843	▶ Y Herrera	11/21/2006

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	11/22/2006	▶ Jonathan C Fielding no fee

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. FIGUEROA STREET LOS ANGELES, CA 90012	P.O. BOX 85222 SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92120	11B. DATE BURIED 11-25-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Keith 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 IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need - (20 hours)

Date 11-21-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Deanna Ible 230535

in a Liner (Type of Burial Container) Funeral, date, time Thursday Nov. 30 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 $ 213.00 will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row ____ Lot 85 Grave 10

PAID

NOV 28 2006

MOUNT HOPE CEMETERY

Grave space & Care Fund	301.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	275.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	89-
Sales taxes	27.82
Total Due	4,465.82
Paid receipt number R-59848	4,465.82
Balance due	0

MORTUARY TO PAY

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

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

X _____
Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See Attached

Invoice # _____

Acct. # _____

Paulette

Work Order # E-19992

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 11-21-06

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

in a Liner (Type of Metal Container) Funeral, date, time Thursday Nov. 30 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 $ 213.00 will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 85 Grave 10

Grave space & Care Fund	2011.-
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	4,465.82
Paid receipt number	
Balance due	

MORTUARY TO PAY

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

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

X Patricia Edwards
Signature

X PATRICIA EDWARDS
Print Name

X 3606 SHORELINE DRIVE
Address

X WAKULLA SPRINGS, FL 32305
City Zip Code

X (850)228-9130
Telephone

Paulette

Work Order # E-19992

Invoice # _____

Acct. # _____

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

© Cemetery Software

E 19992

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

43

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Deanna	-	Ible	02/28/1963	11/20/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Tallahassee	Florida	Patricia Edwards, Mother 3606 Shoreline Drive Tallahassee, FL 32305

7A. TYPED NAME AND ADDRESS OF 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]	11/28/2006

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	11/28/2006	B. Campbell 2605458 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 11-30-06	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 CREMATED REMAINS DISPOSER — IF APPLICABLE

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

E19992

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

	JONES		TREE	WRIGHT		
			X	MITCHELL		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 11-27-06

Interment space for: Deanna Ible

Interment Date: Thurs. Nov 30 Time: 1:00 G.S.

Div: 11 Sect: 2 Blk/Row: ____ Lot: 85 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 ____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 11-21-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Otto Wiese 230532

in a DD CRYPT B Funeral, date, time Weds Nov. 29 1:00

Type of Burial Container

Church, Chapel, Graveside : Clairemont Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213 will be applied and billed to undersigned. Timothy H. Wiese

Division 10 Section _____ Blk/Row _____ Lot 1047 Grave _____

Grave space & Care Fund E7070 (1987	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533-
Burial Container PAID	—
Handling Fees	—
Flower vases – Marker setting fee NOV 21 2006	—
Recording/Filing/Transfer Fees	65-
Sales taxes MOUNT HOPE CEMETERY	
Total Due	598.-
Paid receipt number AP 347133	598 C
Balance due	0

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

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

Timothy H. Wiese
Signature

230532
Timothy H. Wiese
Print Name
9740 Moccella Ln
Address
Windsor CA. 95492
City Zip Code
(707) 838-8130
Telephone

Invoice # _____

Work Order # E-19993

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19993

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM..

IN GRAVE WITH Colleen J. Wiese 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.

BURIAL CONTAINER DiCrypt "B"

		HISBOR		LASTE		
			X	Bennett	Boswell	
			INGE	Warner		

Flagged Yes X No

Blind Check Initiated By: Kevin Date: 11-27-06

Interment space for: Otto Wiese

Interment Date: 11/29/06 Time: Wed 1:00 GS.

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1047 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 ____

E 19993

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

8/4/10

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
OTTO	HARTWIG	WIESE	02/19/1925	11/20/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
N DIEGO	SAN DIEGO	TIM WIESE, SON 9740 MARCELLA LANE WINDSOR, CA 95492

7A. TYPED NAME AND ADDRESS OF 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	▶ Richard King	11/27/2006

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	11/27/2006	▶ 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 MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 11/29/06	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.

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.)

E19993

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
Washington, DC 20415

Human Resources
Products and Services
Division

Claim Number: CSA28035250

5539-034744 CA
OTTO H WIESE
3614 BUDD STREET
SAN DIEGO CA 92111

You are currently enrolled in
Blue Cross/Blue Shield - Std
SELF ONLY Enrollment Code 104

IT'S OPEN SEASON!! Enclosed is an Open Season Health Benefits Guide, which provides the premium rates for the plans available in your state and instructions on how to use **Open Season Express**. The Federal Employees Health Benefits (FEHB) Program Open Season will be held from **November 13 through December 11** this year. This open season you may change from one plan to another, from one option to another in the same plan, from self only to self and family, or make any combination of these changes. Coverage under your current enrollment will continue automatically unless you request a change, your current plan changes its enrollment area, or your plan no longer participates in the FEHB Program after December 31, 2006.

NEW PROGRAM! The Federal Employees Dental and Vision Insurance Program (FEDVIP) is a new program, **separate** from the FEHB Program, offering comprehensive dental and vision coverage. Annuitants and Survivor annuitants are eligible to enroll in this program during this year's Open Season. You can enroll on the Internet at www.BENEFEDS.com or by telephone at 1-877-888-3337 (TTY number, 1-877-889-5680) For information on available FEDVIP plans and costs, go to our Web site at www.opm.gov/insure/dentalvision or call 1-800-332-9798 to have the information mailed to you.

When you call **Open Season Express** at our toll-free number, **1-800-332-9798**, you can:

- Make an open season health benefits enrollment change
- Request health plan brochures
- Request information on cancelling or suspending your health benefits coverage
- Request information on paying your premiums directly
- Request a booklet that details accreditation and satisfaction survey information (how FEHB members rated their health plans)
- Request a new open season package because you have moved to another state
- Request information on available plans and costs for the Federal Employees Dental and Vision Insurance Program (FEDVIP)

You can also complete the above transactions through the Internet by logging onto **Open Season Online** at **www.opm.gov/retire/fehb**. The Web site includes detailed instructions for completing your open season transaction(s).

E19993

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-3-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Colleen J. Wiese

in a Double Crypt (Vault/Line) Funeral date, time Mon 12/7 10:30

Church, Chapel, Graveside Chapel & Grove Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 1047 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Double Crypt Space	595.00
Additional spaces and care fund	Mr. is Vet - WW2 -	
Opening/Closing & Setup		320.00
Burial Container	Double Crypt	330.00
Handling Fees	Very Deep -	320.00
Flower vases - Marker setting fee		
Recording and filing fee		35.00
Sales taxes		19.80
	Total Due	1619.80
	Paid receipt number 35358	500.00
	Balance due	1119.80

1ST BURIAL PAID IN FULL 1-5-88

Deposit of $500.00
Bal in 30 days

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

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

_____
Signature of recorded holder of deed

Otto H. Wiese
Signature

3614 Budd St.
Address

S.D. Cal. 9211'
State Zip Code

2773173
Telephone

Invo[redacted]

Acct[redacted]

Work Order # E 7070

PY-593 (REV. 8-85)

Husband Joseph Cave
As need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-21-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shurley Cave 207159

in a DD CRYPT B Funeral, date, time Tues NOV 28 1:30

Type of Burial Container

Church, Chapel, Graveside ; ELCajon Mortuary

All Funeral cars 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 E-7460 Lot 98 (1988) Grave 12

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.—
Burial Container	
Handling Fees	PAID
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	NOV 28 2006 65.—
Sales taxes	—
Total Due	598.—
Paid receipt number R-59849	598.—
Balance due	0

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

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

X _____
Signature

X _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

See attached

Invoice # _____

Work Order # E-19994

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

619-938-3528

all daughters of Debbie
Vicki
Sandra 204-7811
Shirley
Dave

E19994

ANDY J. MARCUS*
ATTORNEY AT LAW

3242 Fourth Avenue
San Diego CA 92103-5782

TELEPHONE: 619-233-3339
FACSIMILE: 619-295-3009

* Certified by the CALIFORNIA BOARD OF LEGAL SPECIALIZATION of the STATE BAR OF CALIFORNIA as a Specialist in Probate, Estate Planning, and Trust Law

November 27, 2006

MT. HOPE CEMETERY
3751 Market Street
San Diego, California 92102-4511

JEFFREY L. DeMURO TRUST
Shirley Cave, Decedent – Burial Date 11/28/2006
Your Work Order No.: E-19994
Our File No.: 2001-03(TA)

Greetings:

As was arranged through Maria of your Office (via facsimile and telephone), the enclosed check drawn against my Clients' Trust Account and payable to your Organization for the sum of $598.00 represents full payment of the Work Order identified above.

A copy of the Work Order No. E-19994 accompanies this correspondence for your convenience when crediting this payment. Thank you again for your cooperation in connection with this matter. Feel free to contact me if additional information is desired.

Very truly yours,

Andy J. Marcus

AJM:mac
Enclosures
cc: Jeffery L. DeMuro (w/enclosures)

E19994

Husband Joseph Cave
At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-21-06

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

in a DD CRYPT B (Type of Burial Container) Funeral, date, time Tues NOV 28 1:30

Church, Chapel, Graveside ; El Cajon Mortuary

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

will be applied and billed to undersigned _____

Division 11 Section 1 Blk/Row _____ Lot 98 Grave 12

Grave space & Care Fund E-7460 (1988)	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	
Balance due	

I hereby certify I am the Trustee of a Testamentary Trust for the benefit of Decedent's grandson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

X [signature]
Signature

X Andy J. Marcus, Trustee of the Jeffery L. DeMuro Trust
Print Name

X 3242 Fourth Avenue
Address

X San Diego CA 92103-5782
City Zip Code

X 619-233-3339
Telephone

Invoice # _____

Work Order # E-19994

Acct. # _____

REA-104 (5-84)

This information is available in alternative formats upon request.

E19994

ANDY J. MARCUS, ESQ.
CLIENTS TRUST ACCOUNT
3242 FOURTH AVENUE
SAN DIEGO, CA 92103-5782

UNION BANK
SAN DIEGO, CA 92101
16-49/1220

2836

11/27/06

PAY TO THE ORDER OF Mt. Hope Cemetery $ *******598.00

Five hundred ninety-eight and 00/100********** DOLL

MEMO Interment Order E-19994
SHIRLEY CAVE
Care Fund E-7460
Div. 11, Sec. 1, Lot 98,
Grave 12 (11/28/2006)
2001-03

CLIENTS TRUST ACCOUNT

AUTHORIZED SIGNATURE

⑈002836⑈ ⑆122000496⑆024001557 9⑈

E19994

Husband Joseph Cave
Pt need

MT HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 11-21-06

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

in a DD CRYPT B (Type of Burial Container) Funeral, date, time Tues NOV 28 1:30

Church, Chapel, Graveside ; El Cajon Mortuary, Dallas

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

will be applied and billed to undersigned _____

Division 11 Section 1 Blk/Row _____ Lot 98 Grave 12

Grave space & Care Fund E-7460 (1988)	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 _____

Balance due _____

I hereby certify I am the Trustee of a Testamentary Trust for the benefit of Decedent's grandson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

X [signature]
Signature

X Andy J. Marcus, Trustee of the Jeffery L. DeMuro Trust
Print Name

X 3242 Fourth Avenue
Address

X San Diego CA 92103-5782
City Zip Code

X 619-233-3339
Telephone

230529

Invoice # _____

Work Order # E-19994

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E19994

MVS. CAVE: DOD 11/20/88

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-88

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

in a Double Crypt (Vault/Liner) Funeral, date, time Wed 6/8 2pm

Church, Chapel, Graveside Chapel & Grave ; Goodbody 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 W Korea -

Lot 98 Grave 12 Row 2 Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... Double Crypt Space	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container .. Double Crypt - Installed Now	330.00
Handling Fees ..... Labor	320.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	21.45
Total Due	1521.45

30 day note

Paid 8/1/88

Paid receipt number _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

X
Signature

8195 Lake Andrita Ave
Address

San Diego, CA 92119
State Zip Code

460-8074
Telephone

[redacted]

Inv[redacted]

Acct[redacted]

Work Order # E 7460

PY-593 (REV. 8-85)

E19994

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Joseph Cave #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 DOCRYPT B'

		TUCCI	JONES	CONTINUED		
			X			LAUGHLIN
		YOUNG	YOUNG			

Flagged Yes X No

Blind Check Initialed By: KEVIN Date: 11-27-06

Interment space for: Shirley Cave

Interment Date: Tues Nov 28 Time: 1:00 GS.

Div: 11 Sect: 1 Blk/Row: ____ Lot: 98 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No FLOWER VASE ON GRAVE

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E19994

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

13 4/10

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHIRLEY	RUTH	CAVE	06/25/1933	11/20/2006	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	VICKIE DE MURO, DAUGHTER 8729 GRAVES AVE #6I 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
EL CAJON-LAKESIDE-SANTEE MORTUARY & CREM SER, 684 S MOLLISON AVE EL CAJON, CA 92020	FD1022	▶ Vickie Dacus	11/22/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	11/22/2006	▶ 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 MOUNT HOPE CEMETERY,3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 11-28-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Lamy	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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.

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

Quit claim Transfer Pin 335348

Date 12/6/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of to Rosa E. Enriquez/aka Rosa E. Cortez Vazquez

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

Church, Chapel, Graveside, _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 74 Grave 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 Quit claim Fees	65.00
Sales taxes	—
Total Due	65.00
Paid receipt number VISA AP 035338	65.00
Balance due	0

PAID

DEC 0 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.

_____
Signature

Print Name _____

Address See Attached for signature

City _____ Zip Code _____

Telephone _____

David Lugo

Work Order # E-19995

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19995

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

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 12 Section 2 Lot 74 Grave 8

2. My legal authority to the above property is based on the following facts: Please see attached.

3. I have presented the following evidence to support the above facts.
letter / Statement of Fact

DL

Rev. 08/05

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 December 6, 2006 (Date) in San Diego (City)

Signature Rosa Elena Enriquez Print Full Name Rosa Elena Enriquez

To have deed sent to you, fill in your mailing address here:

Full Name _____

Address _____

City, State & Zip Code _____

4. **The Last Step:** To finish transfer of ownership, you must **EITHER**:

(1) File this form with the Mt. Hope Cemetery Administrative Office; **OR**
(2) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102.
(3) Enclose a check or money order for ($130) for Transfer fee ($65) and Deed Re-issue ($65). These monies will be returned if transfer not allowed.

5. **Notarization:** Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of _____

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

E19995

FOR OFFICE USE ONLY

Witnessed:

Signed on Dec. 6 (Date), 2006 in San Diego (City)

Signature [signature] Print Full Name David Lugo

Documents Presented:

Processed by: David Lugo

Approved by Cemetery Manager [signature]

Transfer allowed: Yes_____ No_____

If no, reason:

Resident Fee
Transfer fee paid ($65.00) ✓ **New Deed Issuance Paid** ($65.00)_____

Resident Fee

Transfer Fee Non-Resident ($85.00)_____ New Deed Issuance Paid Non-Resident ($85.00)_____

DL

Rev. 08/05

December 6, 2006

Rosa Elena Enriquez
10305 Aquilla Drive
Lakeside, CA 92040

Mr. David Lugo,
Cemetery Manager
Mount Hope Cemetery
City of San Diego
3751 Market Street
San Diego, CA 92102

Subject: Sworn Statement of Ownership and Responsibility

Dear Mr. Lugo,

Per your conversations with my daughter Rosa Elena Enriquez, the following is our family situation:

My mother (Delfina Vazquez) died on February 17, 2003 and she was buried at Mt. Hope on Feb. 23, 2006. Funerary services were arranged by "La Guadalupana". While I was arranging mass and the viewing services, my husband (Luis Javier Enriquez) and my brother (Francisco Cortez) went to Mt. Hope's offices to investigate about the lot. Although my husband paid for the lot out of pocket, the administrator asked my brother to sign the papers as he was her blood relative.

At this point we see ourselves in the need to prepare for the loss of my aunt Salustia Vazquez (Delfina's sister) who lives in Mexico.

My aunt Salustia (Delfina's sister) is 89 years old, she lives in Cuautla Morelos, Mexico and has requested to be close to us, her family when she dies. She is ill and her health is deteriorating every day; we expect any day a call letting us know that she has passed away. Our plan is that when the day comes, she will be cremated and her remains will be brought to San Diego to be buried along with my mother and father.

As of today, I have no knowledge of my brother's whereabouts. I want to convey that I am also an authorized user of the lot by nature of having signed the documents authorizing the deposit of my father's remains (Lorenzo Cortez) that were brought from the Tecate cemetery to my mom's lot so that my parents could be together.

I assume full responsibility of any issues that may arise in the event that my brother questions the deposit of my aunt Salustia's remains in my parents' lot.

E19995

I swear under penalty of California laws and all applicable codes that the above is true and correct.

Thank you for your assistance,

Rosa Elena Enriquez - married name
Rosa Elena Cortez Vazquez - single name

Delfina Vazquez and Lorenzo Cortez' Daughter

Pre-need
Dis-Interment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/16/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of of Tomasa Herrera PA # 20060971

in a DD CRYPT "A" (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 20 Grave 3A

Grave space & Care Fund E-19593	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees Dis-interment fees	1,887.00
Sales taxes	—
Total Due	1,887.00
Paid receipt number Visa AP 014163 –	377.40
Balance due	1,509.60

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.

Debbie Runnels Pin 230519

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 file attachment

Invoice # _____

Work Order # E-19996

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

...NESS our hands this day and year above written.

E019996

TOTAL $ 1,887.00

DOWNPAYMENT $ 377.40

23 MONTHS $ 62.90

FINAL
24 MONTH $ 62.90

TWO YEAR CONTRACT

I agree to pay the required monthly payments of $62.90 for 23 months. Final payment to be $62.90 on the 24 month.

First monthly payment to begin on:

MONTH Jan

YEAR 2007

Purchaser's Signature Debbie Runnels

PURCHASER C (760) 936-2735 H (760) PHONE 726-5541

Debbie Runnels
Print Name

Debbie Runnels
Signature

1744 Lisa Ave
Street Address (Mail)

Vista CA 92084
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

BY:

SLM:sb(62-1)
1-23-90

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/24/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of X Lou Bertha Rolling 230536

in a Liner (Type of Burial Container) Funeral, date, time Wed 11/29/06 1:00 Pm

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 10 Section _____ Blk/Row _____ Lot 91 Grave 1

Grave space & Care Fund D-4573 (1973)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	Ø
Total Due	Ø
Paid receipt number	Ø
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

_____
Address

_____
City Zip Code

_____
Telephone See Attached

Invoice # _____

Acct. # _____

Work Order # E-19997

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/24/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of X LOUBERTHA ROLLING

in a Liner (Type of Burial Container) Funeral, date, time Wed 11/29/06 1:00 Pm

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 xEarsel Rolling

Division 10 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	

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

217107

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

xEarsel Rolling (Signature)

X EARSEL ROLLING (Print Name)
2606 BALBOA VISTA DR. (Address)
SAN DIEGO, CA 92105 (City, Zip Code)
(619)262-6788 (Telephone)

Invoice # _____

Work Order # E-19997

Acct. # _____

REA-184 (3-04)

This information is available in alternative formats upon request.

ET 9997

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

		GENTLES	GENTLES			
			X	JOHNSON	BYRD	
			WOODRUFF			

Flagged Yes X **No**

Blind Check Initiated By: KEVIN Date: 11-27-06

Interment space for: LOU BERTHA ROLLINS

Interment Date: 11-29-06 Time: 1PM

Div: 10 Sect: ____ Blk/Row: ____ Lot: 91 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 ____

E19997

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOUBERTHA	-	ROLLING	11/05/1916	11/24/2006	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	EARSEL ROLLING, HUSBAND 2606 BALBOA VISTA DRIVE SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	11/27/2006

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	11/28/2006	▶ 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
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 11/29/06	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

City of San Diego

At need

Date 11/27/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hattie Kramer 211299

in a Top Seal Vault Funeral, date, time Sat. Dec 2 10:30
Type of Burial Container

Church (Chapel) Graveside _____ : Cypressview Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 264.3168

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 455 Grave _____

Grave space & Care Fund E-318 L4-1-455	0
Overtime/Late Arrival Fees SAT. Fee	861.00
Opening/Closing & Setup	523.00
Burial Container	355.00
Handling Fees	263.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	16.00
Sales taxes	27.51 PC
	2094.51
Total Due	1,243.51
Paid receipt number R-59851	1243.51
R-59863	861.00
Balance due	0

PAID
NOV 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.

225962

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

X Elein S. Racine
Signature

X Elein S. Racine
Print Name
X 922 Eldergardens St.
Address
X San Diego 92120
City Zip Code
(619) 286-3733
Telephone
cell: (619) 241-5821

Invoice # _____

Work Order # E-19998

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

12/4/06 @ 900 E19998

Called Ms. Elein Racine, She said she was on her way to take Someone to school and she would call when she got home and was able to have the interment order in front of her. I also mailed today a statement showing balance due of $851.00

124.51
851
2094.51

Mount Hope Cemetery
3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 619-527-3400

DATE	YOUR ORDER NO.
December 04, 2006	E019998

TO:
MS ELEIN S RACINE
5922 ELDERGARDENS STREET
SAN DIEGO CA 92120
Re: Hattie Kramer Services

DESCRIPTION OF CHARGE	AMOUNT
To Ms Racine, there has been an oversight on our part here at Mt. Hope Cemetery. The amount of the interment order for Hattie Kramer Service was calculated incorrectly. We apologize for the inconvenience we may have caused. There is a total due for the Saturday fee in the amount of $851.00.	

Sincerely,

Paulette Crawford

Paulette Crawford, CAII
(619) 527-3400

E19998

Headstone on grave

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 TS Vault

		ARNTSEN	LANGLOIS	TRAYLOR		
	KRAMER	KRAMER	X			
			STEFFEN			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 11-30 06

Interment space for: Hattie Kramer

Interment Date: Sat. Dec. 2 Time: 10:30 Am

Div: 8 Sect: 1 Blk/Row: ____ Lot: 458 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flower vase in grave

Blind Check & Verified By: Kenneth Collins Date: 11/30/06

CREMAINS WERE PLACED ____

E19998

CALIFORNIA

SENIOR CITIZEN IDENTIFICATION CARD

A8750561

HATTIE MARIE KRAMER
5922 ELDERGARDENS#7
SAN DIEGO CA 92120

SEX:F HAIR:GRY
HT:5-01 WT:140 DOB:09-05-08

11/08/2005 669 33 FD/15

E19998

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 98

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HATTIE	MARIE	KRAMER	09/05/1908	11/27/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	ELEIN RACINE, DAUGHTER 5922 ELDERGARDENS ST SAN DIEGO, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-IMPERIAL AVE, 3953 IMPERIAL AVE SAN DIEGO, CA 92113	FD-670	▶ Lisa Racine	11/28/2006

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	11/29/2006	▶ 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)

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 12-02-06	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.

COPY 3 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

At need
in grave of Goldie Laitner

City of San Diego

Date 11/27/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Hutter 230559

in a Ash Vault (Type of Burial Container) Funeral, date, time Sat. Dec 9th 10:00

Church, Chapel, Graveside ; Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 2 Blk/Row _____ Lot 87 Grave 3

Grave space & Care Fund	A-6287 (1984)	~~0~~
Overtime/Late Arrival Fees	SAT. Fee 396.00	~~298.~~ NR fee
Opening/Closing & Setup		~~149.~~
Burial Container		~~79.~~
Handling Fees		~~85.~~
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		~~65~~
Sales taxes		~~6.12~~

all Paid 6/28/95

PAID

NOV 27 2006

Total Due 396.00 ~~682.12~~

Paid receipt number ~~VISA APOS1448 682.12~~

MOUNT HOPE CEMETERY

Return Credit 286.12 12/12/06

Balance due 396.00 ~~0~~

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

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

Signature

CDL U4048714
10-23

Paulette

Work Order # E-19999

Jerry L. Hutter 230560
Print Name

2993 Caminito Niquel
Address

San Diego CA 92117
City Zip Code

619 890-6520
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E1999

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Goldie Laitner fullbody

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

			X			

Flagged Yes _____ No _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Ruth Hutter ⊗

Interment Date: 12-9-06 Time: 10:00 G.S.

Div: 7 Sect: 2 Blk/Row: _____ Lot: 87 Gr: 3

Grave Laid out by: DAVID N

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 12-4-06

CREMAINS WERE PLACED _____

E19999

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1917139

1A. NAME OF 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	MARIE	HUTTER	09/19/1924	11/26/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	JERRY HUTTER, SON 2993 CAMINITO NIQUEL SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE PO BOX 88 SAN DIEGO, CA 92112	FD 843	▶	11/28/2006

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

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	11/28/2006	▶ 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)

CREMATION/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 12-9-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY - 4300 IMPERIAL AVENUE, SAN DIEGO, CA 92113	12B. DATE CREMATED 11-29-06	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.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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E19999

PRE-NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 28, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth M. Hutter

in a ash Vault (Vault/Liner) Funeral, date, time —

Church, Chapel, Graveside — ; — Mortuary.

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

will be applied and billed to undersigned. —

War time veteran —

Lot 87 Grave 3 Row ____ Section 2 Division/Block 7

Grave space & Care Fund	PRE-NEED (A-16289)	Ø
Additional spaces and care fund		Ø
Opening/Closing & Setup	PRE-NEED (D-45165) (Ø) 110.00	105.00
Burial Container	PRE-NEED (D-45165) (Ø) 74.20	55.00
Handling Fees		60.00
Flower vases – Marker setting fee		
Recording and filing fee	(Ø) amount already applied to current prices	45.00
Sales taxes		3.85
	Total Due	84.65
Paid receipt number	46373	84.65
	Balance due	Ø

PAID
JUN 28 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

$268.85 - 184.20 = 84.65 due

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 Ruth M. Hutter
Signature
X540 Naples #9
Address
X Chula Vista Ca 91911
City Zip Code
X 619 476-7771
Telephone

Work Order # E 12329

Invoice # ____

Acct. # ____

PY-693 (Rev. 8-92)

E19999

OFFICIAL RECEIPT

46378

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 6/28 19 95

From: Ruth M. Hutter Address: 540 Naples St. Apt 9 Chula Vista

Eighty four / 65/100 Dollars ($ 84.65)

In Payment of pre-need Trust

Lot 87 Grave 3 Row Section 2 Division Block 7

Invoice No.

Acct. No.

W.O. E12329

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑

#2568

AC-212 (Rev. 5-94)

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

ISSUED BY M. Clark

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	84	65
Sales Tax	60101 78390		
TOTAL PAID	$	84	65

E19999

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-1 19 74

CHARGE Goldie Laitner

ADDRESS 3749 - 35th St. S. D. 92104

NAME OF DECEASED D. I. P. Charge & Pre. Need

OWNER

ADDRESS

MORTUARY

		D.I.P.	
LOT 87 GR 3 ROW SEC 2 DIV 7		72	50
OPENING TIME	DAY DATE Vaporizing	110	00
VAULT BOX	SIZE D Liner	74	20
REMOVAL OR FOUNDATION VET.			
	TOTAL $	256	70
PAID RECEIPT NUMBER 21337			
	BALANCE	-0-	

auth on file for Ruth M. Hutter

PAID
JUN 1 1974
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

AUTHORIZED IN PERSON PHONE BY Ruth M. Hutter ORDER TAKEN BY

W.O. NO. D 4565 INVOICE NO. Cash

FORM PR-974 REV.

E19999

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT
MOUNT HOPE CEMETERY

No 21337

DATE June 1 19 74

FROM Goldie Laitner ADDRESS 3749 35th St. S.D.

Two hundred fifty six and 70/100 DOLLARS ($ 256.72)

IN full PAYMENT OF D. I. L. and cemetery charges

LOT 87 GRAVE 3 ROW SECTION 2 DIVISION 7 BLOCK

INVOICE NO. Cash

W.O. D-4565

UNPAID BALANCE AFTER THIS PAYMENT -0-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

JUN 3 1974

CITY AUDITOR

ISSUED BY K. Wells

CREDIT SALES CARE	306 451	.36 25
HALF SALES OF LOTS	100 7784	36 25
OPENINGS	100 7781	110 00
BOXES	100 7782	74 20
FOUNDATIONS	100 7783	
TOTAL PAID		256 70

FORM AC-212

E19999

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-25-1974

CHARGE Goldie E. Laitner

ADDRESS 3749 - 35th St., San Diego, Ca. 92104

NAME OF DECEASED Pre-need

OWNER

ADDRESS

MORTUARY

LOT 87 GR 3 ROW SEC 2 DIV 7

OPENING TIME DAY DATE Pre-need 110 00

BOX Bell SIZE Pre-need 73 50

REMOVAL OR FOUNDATION VET.

TOTAL 183 50

PAID RECEIPT NUMBER 21072

BALANCE Ø

PAID
MAR 25 1974
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

72 88

AUTHORIZED IN PERSON PHONE BY Via Mail

ORDER TAKEN BY Do Phillips

INVOICE NO. CASH

W.O. NO. D 4251

FORM PR-974 REV.

E19999

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT
MOUNT HOPE CEMETERY

No 21072

DATE 3-25- 1974

FROM Goldie E. Laitner ADDRESS 3749-35th St., San Diego, Ca (6

One hundred Eighty three & 50/100 DOLLARS ($ 183.50)

IN full PAYMENT OF Pre-need interment charges and cement liner charges

LOT 87 GRAVE 3 ROW SECTION 2 DIVISION 7

INVOICE NO. CASH

W.O. D-4251

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

6111
MAR 27 1974
CITY AUDITOR

ISSUED BY D. O'Phillips

CREDIT SALES CARE	306 951	
HALF SALES OF LOTS	100 7784	
OPENINGS	100 7781	110 00
BOXES	100 7782	73 50
REMOVALS	100	
[illegible]TIONS	7783	
TOTAL PAID $		183 50

FORM AC-212

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

A+ need

Date 11-27-06

LOW INCOME

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bedell Sanders 230545

in a Double-Crypt "A" Type of Burial Container Funeral, date, time TUES. DEC. 5th 11:00

Church / Chapel, Graveside Calvary Baptist 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 2 Grave 4

Grave space & Care Fund	1,132.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	400.00
Burial Container	529.-
Handling Fees	454.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	32.50
Sales taxes	41.77
Total Due	2465.77
Paid receipt number R-59853	2465.77
Balance due	0

PAID NOV 30 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 _____
Signature

fax 466-4401
Paulette

X _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # See attached

Acct. # _____

Work Order # E-20000

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20000

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"

MIXON			X			
COOPER				ROUSE		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 12/1

Interment space for: Bedell Sanders

Interment Date: Tues Dec 5th Time: 11:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 2 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 _____

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: Bedell SAnders

Address: 3028 51st Street

City: SAn Diego State CA Zip Code 92105

City of San Diego resident? (Circle) (YES) NO

Size of Family (check one) 2

	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.

Dora A Sanders — 11-30-2006
Signed/ Relationship — Date

phone (619)264 6593

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 C. Sorensen — 12/1/06
Approved by — Date

all 248-3611

Current SSA documents verified on: 12/01/06
Approved By MED
Date 12/01/06

E20000

CALIFORNIA
DRIVER LICENSE
EXPIRES 08-28-07
R0866165
CLASS:C
BEDELL SANDERS
3828 51ST ST
SAN DIEGO CA 92105
SEX:M HAIR:BLK EYES:BRN
HT:5-06 WT:215 DOB:08-28-35
RSTR:CORR LENS
08/22/2002 586 C7 FD/07

CALIFORNIA
DRIVER LICENSE
EXPIRES 01-29-12
F0748601
CLASS:C
DORR ALICE SANDERS
3828 51ST ST
SAN DIEGO CA 92105
SEX:F HAIR:BRN EYES:BRN
HT:5-02 WT:160 DOB:01-29-38
01/12/2006 235 RB FD/11

E20000

reverse, with the Internal Revenue Service (IRS) Notice 703 below, to see if any of your

Security number of the person shown in Box 1, if we have the number.

of Amount in Box 4."

Box 5–"Net Benefits for 2005"– shows the amount in Box 3

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		Bo[redacted]
BEDELL SANDERS		
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)*
$3,770.40	NONE	$3,770.40

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$2,892.00
Medicare premiums deducted from your benefit	$878.40
Total Additions	$3,770.40
Benefits for 2005	$3,770.40

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

BEDELL SANDERS
3028 51ST ST
SAN DIEGO CA 92105-4815

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

430-58-3646A

CU8778549-11A50778781

CU8778549-11A50778781

Form **SSA-1099-SM** (1-2006)

DO NOT RETURN THIS FORM TO SSA OR IRS

E20000

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
DORA A SANDERS	[redacted]

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)*
$2,258.40	NONE	$2,258.40

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$1,452.00
Medicare premiums deducted from your benefit	$806.40
Total Additions	$2,258.40
Benefits for 2005	$2,258.40

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

DORA A SANDERS
3028 51ST ST
SAN DIEGO CA 92105-4815

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

430-58-3646B

CU8778551-11A58778783

CU8778551-11A58778783

Form **SSA-1099-SM** (1-2006)

DO NOT RETURN THIS FORM TO SSA OR IRS

E20000

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BEDELL	-	SANDERS	08/28/1935	11/27/2006	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	DORA SANDERS, WIFE 3028 51ST 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
BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673	▶	11/29/2006

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	11/30/2006	▶ 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)	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 12/5/06	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

Date 11/27/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CaTelyne Simon 230531

in a O-Liner (Type of Burial Container) Funeral, date, time Wed 11/29 9:00 10:00 Arrive

(Church) Chapel, Graveside Berge-Roberts (619) 474-6505 Mortuary.

All Funeral cars 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 1812 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container Measurements 27Lx10½hx14"w	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 AP189977	527.67
Balance due	0

NOV 27 2006 PAID MOUNT HOPE CEMETERY

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

230530

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

Signature

JOHNNY M. CORTEZ
Print Name

1809 JAKE MILLS CT.
Address

SAN DIEGO 92114
City Zip Code

(619) 788-1607
Telephone

Invoice # _____

Work Order # E-20001

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20001

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 O LINER

			X			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 11-27-06

Interment space for: Catelyne Simon

Interment Date: 11/29 Time: 9:00 am Church

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1812 Gr: 1

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 _____

E20001

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CATELYNE	SIMON	DELA CRUZ	11/11/2006	11/21/2006	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	ROWENA SIMON, MOTHER 1899 MANZANA WAY SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	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	▶ Carla Arvier	11/28/2006

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	11/28/2006	▶ 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 ST. SAN DIEGO CA 92102	11B. DATE BURIED 11-29-06	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 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. fees.

Date 11/28/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Viola S. Brandt 225362

in a Liner (Type of Burial Container) Funeral date, time Mon. Dec 04 11:00

Church, Chapel, Graveside St. Lukes Lutheran : 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 8 Section 3 Blk/Row _____ Lot 947 Grave _____

Grave space & Care Fund B 158 <1956>	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases + Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	1,272.93
Paid receipt number Visa 036536	1,272.93
Balance due	0

PAID
NOV 28 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

phone/fax 949-497-1925

Invoice # See attached

Work Order # E-20002

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20002

CITY OF SD MT HOPE CEMETE
8751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4381322156665644

DATE: 11/28/86 TIME: 14:51:22
MERR: 322156665644 STR#: 4381 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 212
CD TYPE: VISA
TR TYPE: MP

TOTAL: $1272.93M

ACCT: **********2582 EXP: ****
AP: 006556

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

Burial Services for
Viola S Brandt
8-3-1947

E20002

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

	PROBANOVICH	CROPLEY		RAY	SWING	SWING
	HALDIMAN	JOHNSON	X	BRANDT	BRANDT	KREMIN
			ZAHN			

Flagged Yes X No

Blind Check Initiated By: Kevin Date: 11-28-06

Interment space for: Viola S. Brandt

Interment Date: Mon. Dec 4th Time: 11:00 Church

Div: 8 Sect: 3 Blk/Row: ____ Lot: 947 Gr: ____

Grave Laid out by: Norman Lequen

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 11/30/06

CREMAINS WERE PLACED ____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need Res. fees. Date 11/28/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Viola S. Brandt

in a Liner (Type of Burial Container) Funeral, date, time Mon. Dec 04 1100

Church, Chapel, Graveside St Pauls Luther, Pacific Beach Mortuary

St Lukes Luthern

All Funeral cars 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 947 Grave _____

Grave space & Care Fund B 158 <1956>	Ø
Overtime/Late Arrival Fees	Ø
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases + Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	1,272.93
Paid receipt number Visa 036556	1,272.93
Balance due	Ø

PAID
NOV 28 2006
MOUNT HOPE CEMETERY

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

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

X Clayton T Brandt
Signature

X Clayton T. Brandt
Print Name

X 2944 MOUNTAIN VIEW
Address

X LAGUNA Beach Ca 92651
City Zip Code

X 949497 1925
Telephone

229047

phone/fax 949-497-1925

Work Order # E-20002

Invoice # _____

Acct. # _____

RCA-194 (3-04)

This information is available in alternative formats upon request.

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E 20002

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

89

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

1A. NAME OF DECEDENT — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VIOLA	SANNES	BRANDT	07/18/1917	11/27/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LAGUNA WOODS	ORANGE	CLAYTON T. BRANDT - SON 2944 MOUNTAIN VIEW DR. LAGUNA WOODS, CA 92651

7A. TYPED NAME AND ADDRESS OF 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 PACIFIC BEACH 4710 CASS ST. SAN DIEGO, CA 92109	FD-815		11/30/2006

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	12 / 01 / 2006	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 234 SANTA ANA, CA 92702	P.O. BOX 82555 SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12-4-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jamyo	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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.

AT need Residency verified MFD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/30/06

230542

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Victor Emmanuel Cebreros (4 mos)

in a O-Liner (Type of Burial Container) Funeral, date, time December Fri 4th 10:00

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

will be applied and billed to undersigned _____

Division 9 Section 1 Blk/Row _____ Lot 3203 OK BY VICTOR Grave 1

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 AP 010083	527.67
Balance due	0

PAID NOV 30 2008 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

230541

VICTOR EMMANUEL CEBREROS
Print Name

2410 Bando dR
Address

SAN DIEGO CA 92154
City Zip Code

(619) 207-3046
Telephone

Invoice # _____

Work Order # E-20003

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20003

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 "O" LINER

▽ AIUPPA			X			

Flagged Yes X No _____

Blind Check Initiated By: KEVIN Date: 11-30

Interment space for: Victor Emmanuel Cebreros

Interment Date: 12/1/06 Time: 10:00

Div: 9 Sect: 1 Blk/Row: _____ Lot: 3203 Gr: 1

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 _____

E20003

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VICTOR	EMMANUEL	CEBREROS JR.	08/11/2006	11/29/2006 FND	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	VICTOR CEBREROS, FATHER 2910 BRANDO DR. 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
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ Jack Jenkins	12-1-06

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	12/01/2006	▶ 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 STREET SAN DIEGO, CA 92102	11B. DATE BURIED 12-4-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. Jenning	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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 — V39e (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 Print Deed Date 11-30-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shonte' N. Cunningham 230539

in a Double Cryp+ "A" Type of Burial Container Funeral, date, time Monday DEC 04 11:00 AM

Church, Chapel, Graveside Linda Vista Baptist Church : CA BURIAL Mortuary

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

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row W Lot 97 Grave 10

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	933.-
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 R-59852	3,896.77
Balance due	0

PAID
NOV 30 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.

230538

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

X Sharon Cunningham
Print Name

X [signature]
Signature

X 7130 Aquamarine Rd
Address

X San Diego CA 92114
City Zip Code

X 619 475-2064
Telephone

Paulette
Work Order # E-20004

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

12/5/06 Mailed Deed to Sharon Cunningham

E20004

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"

					CAMPBELL	
WAIRS			X			BUSTOS
		CONQUEST	SINGLETON			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 11-30-06

Interment space for: Shonte' N. Cunningham

Interment Date: Mon. Dec 4 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 97 Gr: 10

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20004

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHONTE	N.	CUNNINGHAM	10/08/1979	11/22/2006	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	SHARON CUNNINGHAM, MOTHER 7130 AQUAMARINE RD SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	[signature]	11/30/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	11/29/2006	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)

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 12-4-06	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

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COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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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 12-6-06

non-resident

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

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

Church, Chapel, Graveside _____ : CA Burial Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row — Lot 240 Grave 5

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	85.—
Sales taxes	27.82
Total Due	4,465.82
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 _____ First Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Paulette

Work Order # E-20005

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-6-06

non-resident

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

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

Church, Chapel, Graveside CA Burial Mortuary Jannette

All Funeral cars must arrive 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 5

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	85.—
Sales taxes	27.82
Total Due	4,465.82

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

Paulette

Work Order # E-20005

Invoice #

Acct. #

REA-104 (5-04)

This information is available in alternative formats upon request.

Went to LAVISTA just opened New Section Complete $ 2,750.00 Family will use LA VISTA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 12-4-06

In grave of Amanda Swenson

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carol Mitchell 230550

in a Bell liner (Type of Burial Container) Funeral, date, time Thurs. Dec 7 1:00 Paul

Church, Chapel, Graveside Delivery Only : Featherngill Mortuary

All Funeral cars 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 1158 Grave 1

Grave space & Care Fund D-5763	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	1454.82
Paid receipt number R-59855	1,454.82
Balance due	0

PAID
DEC - 5 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 signature

Invoice # _____

Acct. # _____

Work Order # E-20006

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20006

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH AMANDA SWANSON

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

		SCHULTZ	CHAPMAN	CHAPMAN		
	BOLMAN		X	HALE		
	LAKE	SWEDLUND				

Flagged Yes X No

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

Interment space for: CAROL MITCHELL

Interment Date: 12-7-06 Time: 1PM

Div: 8 Sect: 1 Blk/Row: ____ Lot: 1158 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 ____

E20006
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-15 1977

CHARGE Ruby W. Swanson 93517

ADDRESS P.O. Box #453 Bridgeport, Ca.

NAME OF DECEASED Amanda Louise Swanson

OWNER

ADDRESS

MORTUARY Featheringill (583-9511)

X-DEEP

LOT 1158 GR ROW SEC 1 DIV 8

OPENING TIME 2P Here DAY WEDNESDAY DATE 3-16-77 135 00

[redacted] BOX Bell SIZE 95 40

REMOVAL OR FOUNDATION VET.

TOTAL $230 40

PAID RECEIPT NUMBER 24502

BALANCE

CHK/W/SER.

PAID
MAR 16 1977
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

AUTHORIZED IN PERSON PHONE BY Wally Featheringill ORDER TAKEN BY O.E. Buford

W.O. NO. D 7896 INVOICE NO. CASH

E20006

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
CAROL	BOYER	MITCHELL	12/24/1912	12/01/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ONTARIO	SAN BERNARDINO	BARBARA SANDBERG, DAUGHTER 1955 TWIN LAKES DR. WRIGHTWOOD, CA 92397

7A. TYPED 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
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Donegan	12/06/2006

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

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	12/06/2006	▶ ERIC K FRYKMAN, 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 BERNARDINO HEALTH DEPARTMENT 340 NO. MOUNTAIN VIEW AVE. SAN BERNARDINO, CA 92415-0010	SAN DIEGO COUNTY VITAL RE 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 12-7-06	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 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.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need
in grave of Amanda Swanson

Date 12.4.06

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

in a Bell liner (Type of Burial Container) Funeral date, time Thurs. Dec 7

Church, Chapel, Graveside Delivery Only Feathering 11 Mortuary

All Funeral cars 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 Bk/Row _____ Lot 1158 Grave 1

Grave space & Care Fund	D-5763	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		1454.82

Hold receipt number _____

Balance due _____

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

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

X Barbara Sandberg
Signature

Barbara Sandberg
Print name
1955 Twin Lakes
Address
Wrightwood CA 92397
City Zip Code
909-754-1113
Telephone

230549

Invoice # _____

Work Order # E-20006

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 12-4-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Kepple 230556

in a D.D. Crypt. "A" (Type of Burial Container) Funeral, date, time Friday Dec 08 1:00

Church, Chapel, Graveside ; Conrad (Donna) Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 616 Grave 1

Grave space & Care Fund	C-1921 0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	717.-
Handling Fees	604.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	55.57
Total Due	2169.57
Paid receipt number	R-59857 2169.57
Balance due	0

PAID DEC 06 2006 MOUNT HOPE CEMETERY

619 460 8747

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.

230554

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

Tami L. Kepple
Signature

Tami L. Kepple
Print Name
619-461-2538
Address
7456 Pacific Ave #A
City
Lemon Grove, ca 91945
Zip Code
Telephone

Invoice # _____

Work Order # E-20007

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20007

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 DO CRYPTA

		RUCH	MARTIN	McCABE		
	KEPPLE	TURNER STRANGO	X	McTOTTLE		
		BLACKBURN	BLACKBURN	GIBSON		

Flagged Yes X No

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

Interment space for: John Kepple

Interment Date: 12-8-06 Time: 1PM (GRAVESIDE)

Div: 8 Sect: 1 Blk/Row: ____ Lot: 610 Gr: 1

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 _____

E20007

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	MICHAEL	KEPPLE	04/04/1940	12/03/2006	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	KAY L. KEPPLE, WIFE 230555 7456 PACIFIC AVENUE, APT. D 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	▶	12/05/2006

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	12/06/2006	▶ 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 STREET 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 12-8-06	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.*

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.)

PN/Turned AIN

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/4/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sadie M. King 225305

in a Liner (Type of Burial Container) Funeral, date, time Dec 7, Thurs 10:00

Church, Chapel, Graveside ____ : 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 36 Grave 5

Grave space & Care Fund E-14173	~~0~~
Overtime/Late Arrival Fees	~~0~~
Opening/Closing & Setup	~~0~~
Burial Container	~~0~~
Handling Fees	~~0~~
Flower vases - Marker setting fee	178.00
Recording/Filing/Transfer Fees	~~0~~
Sales taxes	~~0~~
Total Due	178.00
Paid receipt number R-548526	178.00
Balance due	~~0~~

PAID DEC 07 2006 MOUNT HOPE CEMETERY

Mortuary To pay

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

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

X ____ Signature

X ____ Print Name

X ____ Address

X ____ City Zip Code

X ____ Telephone

Invoice # ____

Work Order # E-20008

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Mailed to Ragsdale copy of interment / Inv for charge

PN/Turned AIN

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/4/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sadie M. King in a Liner (type of burial container) Funeral, date, time Dec 7, Thurs 10:00 Church, Chapel, Graveside 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 36 Grave 5

Grave space & Care Fund E-14173	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases (Marker setting fee)	178.00
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	178.00
Paid receipt number	
Balance due	

Mortuary To pay

I hereby certify I am the Niece/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.

230551

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

Alma Stallworth
Signature

Alma Stallworth
Print name
19793 Sorrento
Address
Detroit, MI 48225
City Zip Code
(313) 863-9895
Telephone

Invoice # _____

Work Order # E-20008

Acct. # _____

DEA 104 (3-94) This information is available in alternative formats upon request

E20008

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

		KOHAN	ANDERSON	SHIELDS		
	BAKER		X		LANE	
	ROGERS				KIMBLO	

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 12-4

Interment space for: SADIE M. KING

Interment Date: THU DEC 7, 2006 Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 36 Gr: 5

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 _____

E20008

Preneed Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-13-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sadie M. King

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 36 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Preneed D-6116	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-49649	769.73
Balance due	0

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Work Order # E 14173 ✓

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20008

Sadie M. King (Address)
111 Los Alamos Drive
San Diego, CA 92114

lot owner is -
Myra H. Baker

authorize on file for burial
of Sadie M. King in 36-5-2-12.

2-13-98
mr. Ragdale brought check
for payment of preneed trust
for Sadie King.

took copy of interment order
for her to sign.

will fax it to us when he gets
her signature on it.

OFFICIAL RECEIPT

49649

E20008

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY
527-3400

Date: 2-13 19 98

From: Sadie M. King Address: 111 Los Caramos Drive SD 92114

Seven hundred sixty nine & 73/100 Dollars ($ 769.73)

In full Payment of Pre need trust for Sadie M. King

Lot 36 Grave 5 Row ___ Section 2 Division 12 ~~Block~~

Invoice No. ___

Acct. No. ___

W.O. E-14173

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 1101

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Avallone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	769	73
Sales Tax	60101 78390		
TOTAL PAID		$ 769	73

E20008

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 95

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SADIE	M	KING	04/18/1911	12/03/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	ALMA STALLWORTH, NIECE 19793 SORRENTO DETROIT, MI 48225

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking charge	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶	12/05/2006

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	12/05/2006	▶ 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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12-2-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fenyo
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. 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.)

Pre-need lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-04-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of pre-needs family

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

Church, Chapel, Graveside _____ Mortuary

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

will be applied and billed to undersigned. _____

Gairdained

Division 12 Section 2 Blk/Row — Lot 190 Grave 5, 11 [illegible]

Grave space & Care Fund 3a $2,264.00 6792.4

Overtime/Late Arrival Fees _____ Exchanged

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due 6,792.-

SD Resident Paid receipt number R-59854 1,358.40

Balance due 5,433.60

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.

fin 230640

I hereby authorize the interment in lot I hold under deed

X _____
Signature

Paulette

X LAWRENCE GRAY
First Name

X 6001 SO 30TH ST
Address

X San Diego 92113
City Zip Code

X _____
Telephone

Work Order # E-20009

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20009

CALIFORNIA
DRIVER LICENSE
C5442624
CLASS:C
EXPIRES 03-26-09
LAWRENCE VILVINE GRAY
6013 30TH ST
SAN DIEGO CA 92113
SEX:M HAIR:BLK EYES:BRN
HT:5-11 WT:220 DOB:03-26-49
02/11/2004 23S 0B FD/09

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need trust

Date 12-4-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Raisa Zhukova Pin 134142

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 10 Section _____ Blk/Row _____ Lot 1786 Grave _____

Grave space & Care Fund E-17985	0
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	1,094.93
Paid receipt number P-00605	219.00
Balance due	875.93

PAID
NOV 5 2008
MOUNT HOPE CEMETERY

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

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

X _____
Signature

Pin 134142
Y Raisa Zhukova
Print Name
X 5343 Monroe Ave. #505
Address
X San Diego 92115
City Zip Code
X (619) 287-1914
Telephone

Paulette
Work Order # E-20010

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pin 134142 — $ 36.50 a month Jan 2007 payments begin — E020010

ZHUKOVA, RAISA 5343 MONROE AVE. #505. SAN DIEGO CA 92115 619-287-1914

DIVISION 10 LOT 1785

				DEBIT	CREDIT	BALANCE
12/04/2006 Opened pre-need trust. Trust includes; o/c $535, r/f fee $65, b/c $270, h/f $206 sales tax on liner $20.93.				1094.93		1094.93
P-00605					219.00	875.93
1-8-07	P-00649	Coupon #1	Jan 2007		36.50	839.43
2-9-07	P-00688	coupon #2	Feb 2007		36.50	802.93
3/9/07	P-00740	" 3	Mar 07		36.50	766.43
4-10-07	P 00782	" 4&5	April/May 07		73.00	693.43
6/11/07	P-00858	" 6	June 07		36.50	656.93
7/12/07	P-00893	" 7&8	July & Aug 07		73 -V	583.93
9/7/07	P-00963	" 9&10	Sept Oct 07		73 -V	510.93
10/31/07	P-01026	11&12	NOV/DEC 07		73 -V	437.93
1-4-08	P-01096	13&14	Jan & Feb 08		73 -V	364.93
2/26/08	P-01141	15&16	March & Apr 08		73 -V	291.93
4/18/08	P-01212	17&18	May/June 08	PAID	73 -V	218.93
7/7/08	P 01299	19&20	July Aug 08		73 -	145.93
9/9/08	P-01394	21&22	Sept/Oct 08	NOV 5 2008	73 -	72.93
11/5/08	P-01524	23&24	NOV/Dec 08		72.93	0

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

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

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

P01524

Date: November 5 , 20 08

From: Raisa I Zhukova Address: 5343 Monroe Ave #505, SD CA 92115

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

in Part Payment of Pre-need trust, paid in Full.

Div 10 Sec Blk/Row Lot 1785 Grave 1

Invoice No. E-20010

Acct. No.

W.O.

BALANCE DUE $0

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☒ Check 1108

AC-212 (2-06)

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

PAID
NOV 5 2008
MOUNT HOPE CEMETERY

ISSUED BY paulette c.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	72. 93
TOTAL PAID	$	72. 93

OFFICIAL RECEIPT

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

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

P 01394

Date: 9 8 , 20 08

From: R. Zhukova Address: 011 AIC

Dollars ($ 73.00)

in part Payment of Pre-need trust. Coupon 21+22

Div 10 Sec Blk/Row Lot 1735 Grave 1

Invoice No. E-20010

Acct. No.

W.O.

BALANCE DUE $ 72.93

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

RECEIVED
SEP 09 2008
By PC

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	73.00
Trust	77186	

TOTAL PAID $ 73.00

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 1049 ISSUED BY

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

OFFICIAL RECEIPT

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

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

P 01299

Date: July 7 , 20 08

From: Raisa Zhukova Address: on file

Dollars ($ 73.00)

in _____ Payment of Pre-need trust

Div 10 Sec _____ Blk/Row _____ Lot 1785 Grave 1

Invoice No. E-20010

Acct. No. _____

W.O. _____

BALANCE DUE 145.93

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

PAID
JUL 7 2008
MOUNT HOPE CEMETERY

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	73 00
Trust	77186	
TOTAL PAID	$	73 00

☐ Pre-Need Lot ☐ Money Order
☐ Pre-Need Trust ☐ Charge
☒ Check 1087

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 01212

Date: 04/18 , 20 08

From: Raisa Zhukova Address: on file

Dollars ($ 73.00)

in part Payment of Pre-need trust 17+18 coupons

Div 10 Sec Blk/Row Lot 1785 Grave 1

Invoice No. E-20010

Acct. No.

W.O.

BALANCE DUE $ 218.93

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

PAID

APR 17 2008

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	73 -
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 1070 ISSUED BY Pauleta C.

TOTAL PAID $ 73 -

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) 527-3409

P 01141

Date: 2/26, 2008

From: R. Zhukova Address: on file

Seventy-three Dollars ($ 73.00)

in part Payment of Pre-need mist. Coupons 15+16

Div 10 Sec — Blk/Row — Lot 1785 Grave —

Invoice No. E-20010

Acct. No.

W.O.

BALANCE DUE $ 291.93

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

PAID

FEB 2 6 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	73.00
Pre-Need	63033	
Trust	77186	

100
77184

TOTAL PAID $ 73.00

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 1067

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 01096

Date: 1-4 , 2008

From: R. Zhukova Address: _____

_____ Dollars ($ 73 -)

in part Payment of PN # 13, #14

Div 10 Sec _____ Blk/Row _____ Lot 1785 Grave _____

Invoice No. E-20010

Acct. No. _____

W.O. _____

BALANCE DUE $ 364.93

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

PAID

JAN - 4 2008

MOUNT HOPE CEMETERY

ISSUED BY PC

CREDIT	67007	
20% Sales Care	77184	73 —
Pre-Need	63033	
Trust	77186	

TOTAL PAID $ 73 —

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☐ Check 1057

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 01026

Date: 10/31/2007

From: Raisa Zhukova Address: on file

~~Thirty-six 50/00~~ Seventy - three — Dollars ($ ~~36.50~~ 73 —)

in part Payment of PN Coupons 11 & 12 (2 Payments)

Div 10 Sec Blk/Row Lot 1785 Grave 1

Invoice No. E-20010

Acct. No.

W.O.

BALANCE DUE $ 437.93

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

PAID

OCT 31 2007

ISSUED BY MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	73 —
Trust	77186	

TOTAL PAID $ 73 —

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1046

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 00963

Date: September 7, 20 07

From: Raisa Zhukova Address: on file

Seventy-three Dollars ($ ~~510~~ 73 —)

in Part Payment of Pn ~~lot~~ acct.

Div 10 Sec ____ Blk/Row ____ Lot 1785 Grave 1

Invoice No. E-20010

Acct. No. ____

W.O. ____

BALANCE DUE $510.93

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

PAID

SEP - 7 2007

MOUNT HOPE CEMETERY

ISSUED BY Pauline H

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

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check (1042)

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

P00893

Date: 07/12 .20 07

From: R. Zhukova Address: on re Cord

Seventy - three Dollars ($ 73-)

in Past Payment of Pre-need trust.

Div F10 Sec Blk/Row Lot 1785 Grave

Invoice No. E-020010

Acct. No.

W.O.

BALANCE DUE $ 583.93

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

PAID

JUL 10 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	73.-
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 1031 ISSUED BY Paulette

TOTAL PAID $ 73.-

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

P00858

Date: 6-11 , 2007

From: Rosa G. Address: on file

Thirty Six 50 Dollars ($ 36 50)

in part Payment of Pre-need coupon #6

Div 10 Sec Blk/Row Lot 1785 Grave

Invoice No. E-20010

Acct. No.

W.O.

BALANCE DUE $

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

PAID

JUN 11 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	36 50
Pre-Need	63033	
Trust	77186	

TOTAL PAID $ 36 50

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

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

1020

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P00782

Date: 4/10, 20 07

From: Raisa Zhukova Address: on record

Dollars ($ 73-)

in Part Payment of PN TRUST 4+5 Coupons

Div 10 Sec Blk/Row Lot 1785 Grave

Invoice No. E-20010

Acct. No.

W.O.

BALANCE DUE $ 6093 43

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

APR 10 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	73 -
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	73

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 1017 ISSUED BY PC

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

P00740

Date: 3/9 , 2007

From: R. Zhukova Address: on record

Dollars ($ 36.50)

in part Payment of Pre-need trust coupon # 3

Div 10 Sec Blk/Row Lot 1785 Grave

Invoice No. E-20010

Acct. No.

W.O.

BALANCE DUE $ 766.43

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR - 9 2007

ISSUED BY Paulette

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	36 . 50
Trust	77186	
TOTAL PAID		$ 36 50

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☐ Check 1010

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 00688

Date: 2-9 , 2007

From: R. Zhukovets Address: on record

Dollars ($ 36.50)

in part Payment of Pre-need # 2 paym't

Div 10 Sec ~ Blk/Row 4 Lot 1785 Grave 1

Invoice No. E-202010

Acct. No.

W.O.

BALANCE DUE $ 802.93

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB - 9 2007

MOUNT HOPE CEMETERY

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	36	50
Trust	77186		
TOTAL PAID		$ 36	50

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 1005 ISSUED BY

AC-212 (11-05)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00649

Date: 1-8, 2007

From: Rosa Zhukova Address: On record

Thirty-Six 50/00 Dollars ($ 36.50)

in part Payment of Pre-need trust Coupon #1

Div 10 Sec Blk/Row Lot 1785 Grave

Invoice No. E020010

Acct. No.

W.O.

BALANCE DUE $ 83943

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 1000

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	36	50
Trust	77186		
TOTAL PAID	$	36	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 00605

Date: December 04, 20 00

From: Raisa L. Glukova Address: 5343 Monroe Ave #505

Two hundred Nineteen and 00 Dollars ($ 219.00)

in Part Payment of pre-need trust.

Div 10 Sec — Blk/Row — Lot 1735 Grave —

Invoice No. E20010

Acct. No.

W.O.

BALANCE DUE $875.93

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

DEC - 4 2006

MOUNT

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77164	219 —
Pre-Need Trust	63033	
	77186	
TOTAL PAID	$	219 —

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☒ Check 990

AC-212 (11-05)
This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/6/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lawrence Smith Sr. 220552

in a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time Friday Dec. 08 11:00 am

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 751 Grave _____

Grave space & Care Fund C-8212 & E-19728	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2@ 633 -	1066 -
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2@ 65.00	130.-
Sales taxes	41.77
Total Due	2230.77
Paid receipt number R-59859	2,230.77
Balance due	0

PAID DEC 06 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

See attached for Signature

Barbara Smith 230553
Print Name

3037 Valle Avenue
Address

San Diego 92113
City Zip Code

(619) 232-7486
Telephone

Invoice # _____

Acct. # _____

Work Order # E-20011

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20011

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 Doc Supt "A"

		IVERSON	IVERSON			
		PETERSON	X	BURGESS	BURKS	
		MARSHALL	BALBOOL		PIMENTEL	

Flagged Yes X No

Blind Check Initiated By: KEVIN TIAMPA Date: 12-6-06

Interment space for: Lawrence Smith Sr.

Interment Date: Friday Dec 8 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 751 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 ____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/6/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the rema

of Lawrence Smith Sr.

in a D.D. CRYPT "A" Funeral, date, time Friday Dec. 08 11:

Type of Burial Container

Church, Chapel, Graveside : Anderson-Ragsdale Mort

All Funeral cars 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 ____

Grave space & Care Fund C-8212 & E-19729	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup PAID 20 633-	1068
Burial Container DEC 07 2006	539
Handling Fees	454
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 20 65.00	130
Sales taxes	41.
Total Due	2230
Paid receipt number R-59859	2,230
Balance due	0

I hereby certify I am the Wife of the above named dec and this is your authority to make disposition of remains as above indicated. I certify and repr that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Barbara Smith
Signature

Barbara Smith
Print Name
3037 Valle Avenue
Address
San Diego CA 92114
City
(619) 232-1486
Telephone

Invoice # ____

Work Order # E-20011

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon req

Printed on recycled paper

E20011

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

75

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LAWRENCE	FRANKLIN	SMITH	09/10/1931	12/02/2006	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	BARBARA J. SMITH, WIFE 3037 VALLE 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	▶	12/06/2006

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
11.00	12/06/2006	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)

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 12-8-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fong
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. 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

City of San Diego

At Need
Total of 10 chairs

Date 12-6-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lymond Williams Sr. Pin 230966

in a Liner (Type of Burial Container) Funeral, date, time Tues. Dec 12 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 $ 213.-

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row — Lot 242 Grave 11

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	PAID
Opening/Closing & Setup	533.00
Burial Container	DEC 08 2006 270.00
Handling Fees	206.00
Flower vases – (Marker setting fee)	MOUNT HOPE CEMETERY 178.00
Recording/Filing/Transfer Fees	66.00
Sales taxes	20.93
Total Due	3536.93
Paid receipt number R-59865	3,536.93
Balance due	0

I hereby certify I am the x Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed. Pin 230565

Signature

x Print Name Lois J Williams

x Address 3319 Kearny Villa Ln

City SD Ca 92123 Zip Code

Telephone 858-300-5819

Paulette

Work Order # E-20012

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20012

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

				EVANS		
			X	McGEE		
		WILLIAMS		DIAZ	SANCHEZ	

Flagged **Yes** X **No** _____

Blind Check Initiated By: KEVIN Date: 12-11-06

Interment space for: Lymond Williams SR.

Interment Date: 12-12-06 Tues. Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 242 Gr: 11

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 20012

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LYMOND	EARL	WILLIAMS SR	02/04/1939	12/05/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]A MESA	SAN DIEGO	LOIS WILLIAMS, WIFE 3319 KEARNY VILLA LANE 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	▶ [signature]	12/06/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN 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	12/08/2006	▶ 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, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12/12/06	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.

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CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 12-6-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lymond Williams Sr.

in a Liner (Type of Burial Container) Funeral, date, time Tues. Dec 12 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 $ 213.-

will be applied and billed to undersigned

Division 12 Section 2 Blk/Row — Lot 242 Grave 11

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	266.00
Flower vases - Marker setting fee	178.00
Recording/Filing/Transfer Fees	66.00
Sales taxes	20.93
Total Due	3,535.93

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.

I hereby authorize the interment in lot I hold under deed.

x Lois J Williams
Signature

x Lois J Williams
Print name

x 3319 Kearny Villa Ln
Address

SD Ca 92123
City Zip Code

858-300-5819
Telephone

Paulette

Invoice #

Work Order # E-20012

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

SD Res. At need

Date 12/6/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emari Green (child) 230558

in a OA Type of Burial Container Funeral, date, time Friday Dec 6 11:00

Church, (Chapel) Graveside _____ : SD Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 2 Blk/Row _____ Lot 583 Grave 1

Grave space & Care Fund	277.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	277.-
Burial Container	135.-
Handling Fees	71.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	1046
Total Due	835.46
Paid receipt number R-59861	835.46
Balance due	0

PAID
DEC 06 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

City Zip Code

Telephone

See attached

Paulette

Work Order # E-20013

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

12/06/2006 16:10 SD MT. HOPE CEMENTERY → SD MEMORIAL NO.733 P02

E 20013

City of San Diego

Date 12/[illegible]

SD Res.
At need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emari Green (Child) in a DX (Type of Burial Container) Funeral, date, time Friday Dec 6 11:00 Church (Chapel) Graveside SD Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned

Division 9 Section 2 Blk/Row _____ Lot 583 Grave 1

Grave space & Care Fund	277.-
Overtime/Late Arrival Fees	277.-
Opening/Closing & Setup	135.-
Burial Container	71.-
Handling Fees	
Flower vases – Marker setting fee	65.-
Recording/Filing/Transfer Fees	10.46
Sales taxes	835.46
Total Due	

Paid receipt number _____ Balance due _____

I hereby certify I am the mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 hold under deed.

Rod Eisha Crockett
Signature

Rod Eisha Crockett
Print Name

9310 Hillery DR #7306
Address

San Diego 92126
City Zip Code

619 977-9954
Telephone

230557

Invoice # _____

Acct. # _____

Paulette

Order # E-20013

...formation is available in alternative formats upon request.

MT. HOPE CEMETERY
CITY OF SAN DIEGO

MT. HOPE FAX REMINDER

TO Sheila (SD MEMORIAL) FROM Mt. Hope Cemetery
MORTUARY DATE

FAX NUMBER

PHONE NUMBER

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.

Please contact Mt. Hope Cemetery as soon as possible. Your cooperation is sincerely appreciated.

Service 12-8-06 for Emar Green

Service Date 12-8-06

Date 12/6/06 Signed Paulette

Please sign and return confirming payment

X Sheila G. Sullivan

3751 MARKET STREET
SAN DIEGO, CA 92102
619-527-3400
FAX 619-527-3403

E10062

E 20013

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 "OA"

			X	CLEVENGER	MITTEMEYER	BURGDORF
		ALLEN		POULSON	POULSON	

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 12-6-

Interment space for: Emery Green

Interment Date: Friday Dec 8 Time: 11:00 Chapel

Div: 9 Sect: 2 Blk/Row: ____ Lot: 583 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

GRAVESITES IN 9-2 ARE 30" x 60"

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

6 mos 21 day E20013

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (Given)	1B. MIDDLE	1C. LAST (Family)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EMARI	L.	GREEN	05/22/2005	12/01/2006	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	RODEISHA CROCKETT, MOTHER 1019 PEACH AVENUE #30 EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575	▶	12/06/2006

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	12/06/2006	▶ 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 MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10-8-06	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 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

Pre-need Trust

Date 12/08/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for: ABEBA W. HINDEYA 230407

in a Double-Depth "B" Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division MAS Section T Blk/Row _____ Lot 26 Grave 2

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	
Total Due	793.00
Paid receipt number P-0061B	159.00
Balance due	634.00

RECEIVED
JUN 12 2009
By P Crawford

Pd in full
P1811 CK# 1427

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 Abeba W Hindeya
Signature

Pin 230407
X Abeba Hindeya
Print Name
X 912 East 2nd St
Address
X National City CA 91950
City Zip Code
X 619-474-2309
Telephone

non-Res fee

Invoice # _____

Work Order # E-20014

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

12-11-06 Mailed coupons.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00678

Date: December 8, 20 06

From: ABEBA W. HINDEYA Address: 912 E 2nd St, National City CA 91950

One hundred fifty-Nine and 00 Dollars ($ 159.-)

in PART Payment of Pre-need trust. Open+Close with recording fee.

Div MAS Sec T Blk/Row — Lot 26 Grave 2

Invoice No. E20014

Acct. No.

W.O.

BALANCE DUE $ 634.00

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 1228

AC-212 (11-05)
This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 08 2006

ISSUED BY paulette C.

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	159.	—
Trust	77186		
		TOTAL PAID $	159. —

E 20014

ABEBA W. HINDEYA
912 E. 2ND ST. PH. 619-474-2309
NATIONAL CITY, CA 91950

90-8157/3222
949818009

1427

DATE 6-12-09

PAY TO THE ORDER OF Mount Hope Cemetery $ 350.77

Three hundred fifty and 77/xx DOLLARS

CALIFORNIA COAST CREDIT UNION
P.O. Box 502080
San Diego, CA 92150-2080
(877) 495-1600
www.calcoastcu.org

MEMO

Abeba W. Hindeya

⑆322281578⑆ 949818009⑈ 1427

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P01811

Date: 6/12 ,20 09

From: Abeba W. Hindeya Address: on file

Three hundred, fifty. 77/100 Dollars ($ 350.77)

in full Payment of Pre-need paid in full.

Div MAS Sec T Blk/Row Lot 26 Grave 2

Invoice No E-20014

Acct. No.

W.O.

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☒ Check 1427

AC-212 (2-08)
This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
JUN 12 2009
MOUNT HOPE CEMETERY

ISSUED BY tc

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	350.77
TOTAL PAID	$	350.77

At-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/11/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Riva Aslanyan Pin 134079

in a Tof Seal (Type of Burial Container) Funeral, date, time Wed, Dec 13 @ 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 4803 Grave 1

Grave space & Care Fund (8-20037 E17918	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$533
Burial Container Tof Seal	$355.
Handling Fees	$263
Flower vases – Marker setting fee	$85
Recording/Filing/Transfer Fees Paid all charges	
Sales taxes 8.2003	$27 51
credit back VOID Total Due	$1,243 51
Paid receipt number V45A #8924	
Balance due	0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Irina Aslanyants
Print Name
3831 Caminito Agustar #D
Address
San Diego Ca 92111
City Zip Code
(858) 505-8712.
Telephone

Invoice # _____

Work Order # E-20015

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

56492

Date: July 16, 20 03

From: Lyudmila Askanyants Address: 5110 Clairemont Mesa #314 SD 92117

Five Hundred Thirty Five & 00/100 Dollars ($ 535.00)

in part Payment of pd med Lot & trust

Lot 4803 Grave 1 Row ____ Section ____ ~~Block~~ Division 10

Invoice No. E17918

Acct. No. ____

W.O. ____

BALANCE DUE 16,33.31

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑ MD

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Pam Hetzel

CREDIT	67007	
20% Sales Care	77184 100	
80% Sales of Lots	77184 100	535 —
Opening/ Closing	77181 100	
Burial Containers	77182 100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	
Sales Tax	80101 78390	
TOTAL PAID	$	535 —

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

E20015

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT / CERTIFICATION NO: E-17918 DATE: 08/08/2003

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: Lyudmila Aslanyants

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 $ 1205.00 situated in Mount Hope Cemetery described as:

DIVISION: 10 SECTION: _____ BLOCK/ROW: _____ LOT: 4803 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 it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on fi 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 11 day of August, 2003

_____
Signature / Date

Ray Snider
Ray Snider, 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

E20015

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

	DATE		X	Johnson		
		TSUJI	YONEKURA	LIM	DILL	

Flagged **Yes** X **No** _____

Blind Check Initiated By: Kevin Tiampa Date: 12-20-06

Interment space for: Kiva Asianan

Interment Date: Wed 12/13 Time: 11am - Church

Div: 10 Sect: _____ Blk/Row: _____ Lot: 4803 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 _____

E20015

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

79

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RIVA	-	ASLANYAN	05/12/1927	12/08/2006	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	IRINA ASLANYANTS, DAUGHTER 3851 CAMINITO AGUILAR #D 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
MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	FD1424	▶	12/11/2006

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

THIS PERMIT IS ISSUED IN 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	12/12/2006	▶ 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 12-13-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Kamya	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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

City of San Diego

Date 12/11/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marcelles D. McElvaine Pin 230569

in a Liner (Type of Burial Container) Funeral, date, time Wed. Dec 13 @ 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 12 Section 2 Blk/Row _____ Lot 240 Grave ~~X~~ 8

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	PAID
Opening/Closing & Setup	533.00
Burial Container	DEC 11 2006 270.00
Handling Fees	206.00
Flower vases – Marker setting fee	MOUNT HOPE CEMETERY
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
Mortuary To Pay Paid receipt number R-59866	3358.93
Balance due	0

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 230568

I hereby authorize the interment in lot I hold under deed.

Glenda McElvaine
Signature

GLENDA M. McELVAINE
Print Name
3046 ANNIESE WAY
Address
SAN DIEGO, CA 92139
City Zip Code
(619) 267-5905 995-0744
Telephone CELL

Invoice # _____

Work Order # E-20016

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20016

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

		RIVAS	X		ANDERSON	
	OLSON			JAMES		

Flagged **Yes** X **No** _____

Blind Check Initiated By: KEVIN Date: 12-18-06

Interment space for: MARCELLES J. MCELVAINE

Interment Date: WED 12-13-06 Time: 11AM - CHAPEL

Div: 12 Sect: 2 Blk/Row: _____ Lot: 240 Gr: 28

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 _____

E20016

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

14 years old

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARCELLES	DARZELL	MCELVAINE	08/20/1987	12/06/2006	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	B.C. MCELVAINE, FATHER 3046 ANALIESE 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		12/08/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated hereon 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	12/11/2006	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 12-13-06	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.12/04)

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.)

Low Income

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/11/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary A Cammon Pin 230573

in a Liner (Type of Burial Container) Funeral, date, time Friday, Dec 15 at 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 $ 283 will be applied and billed to undersigned. LaDonna Cammon

Division 11 Section 2 Blk/Row ____ Lot 8 Grave 3

Grave space & Care Fund	1132.00
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	1,679.47
Paid receipt number M/C Ap 074280	1,679.47
Balance due	0

PAID DEC 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.

LaDonna Cammon
Signature

Armed forces
Id 2009 Mar 14

Pin 230572
LaDonna Cammon
Print Name
2680 L St.
Address
San Diego, CA 92102
City Zip Code
619 269-7563
Telephone

Invoice # ____

Work Order # E-20017

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20017

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: Mary Anne Cammon

Address: 2680 L St

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)	$13,440	☑	(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.*

LaDonna Cammon daughter — 12-11-06

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 EDD Statement

Maria G. Dabrusky — 12/11/06

Approved by — Date

Current IRS Tax Return verified on:
Approved By _____
Date _____

Pending SSI Bank Deposit

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

E20017

013264

SSN: 587-38-3473 NAME: MARY A CAMMON DATE ISSUED: 11/28/06 PAGE 1

--- PLEASE DISREGARD THE FORM ON THE BACK OF THIS STUB - DO NOT RETURN

DETACH AND SEE REVERSE SIDE — DETACH THIS STUB FOR YOUR RECORDS / REMUEVA ESTE TALÓN PARA SU RÉCORD PERSONAL

KEEP THIS STATEMENT FOR YOUR RECORDS. DATE ISSUED 11/28/06

SSN: 587-38-3473 NAME: MARY A CAMMON CLAIM EFFECTIVE DATE: 01/21/06

WEEKLY RATE: $147.00 WEEKLY RATE IS FOR 7 DAYS

EXCEPT FOR THE MANDATORY 7-DAY WAITING PERIOD, YOU WILL BE PAID FOR EVERY DAY YOU ARE ELIGIBLE FOR BENEFITS, INCLUDING WEEKENDS.

IF YOU ARE NOT PAID FOR ANY DAYS, YOU WILL BE NOTIFIED WHAT DAYS WERE NOT PAID AND WHY THEY WERE NOT PAID IN THE MESSAGE AREA BELOW. THE OFFICE PROCESSING YOUR CLAIM IS:

EMPLOYMENT DEVELOPMENT DEPARTMENT TELEPHONE: (800) 480-3287
PO BOX 120831
SAN DIEGO CA 92112-0831

THE ATTACHED CHECK IS FOR STATE DISABILITY INSURANCE FOR THE FOLLOWING PERIOD(S): 11/10/06 THROUGH 11/26/06.

NO. OF DAYS	BENEFIT AMT.	AMT. DEDUCTED	AMT. PAID
17	$357.00	$0.00	$357.00

MESSAGE-AREA

IMPORTANT NOTICE: IF YOU DO NOT UNDERSTAND ANY FORM SENT TO YOU BY THIS OFFICE, CONTACT US FOR ASSISTANCE AT THE TELEPHONE NUMBER SHOWN ON THE CHECK STATEMENT.

DE 2500CKX Rev. (8/03) DETACH THIS STUB FOR YOUR RECORDS/REMUEVA ESTE TALÓN PARA SU RÉCORD PERSONAL

A ↑

E20017

009911

SSN: 587-38-3473 NAME: MARY A CAMMON DATE ISSUED: 11/14/06 PAGE 1

--- PLEASE DISREGARD THE FORM ON THE BACK OF THIS STUB - DO NOT RETURN

—DETACH AND SEE REVERSE SIDE — — — — — — — — — DETACH THIS STUB FOR YOUR RECORDS / REMUEVA ESTE TALÓN PARA SU RÉCORD PERSONAL — — —

KEEP THIS STATEMENT FOR YOUR RECORDS. DATE ISSUED 11/14/06

SSN: 587-38-3473 NAME: MARY A CAMMON **CLAIM EFFECTIVE DATE: 01/21/06**

WEEKLY RATE: $147.00 WEEKLY RATE IS FOR 7 DAYS

EXCEPT FOR THE MANDATORY 7-DAY WAITING PERIOD, YOU WILL BE PAID FOR EVERY DAY YOU ARE ELIGIBLE FOR BENEFITS, INCLUDING WEEKENDS.

IF YOU ARE NOT PAID FOR ANY DAYS, YOU WILL BE NOTIFIED WHAT DAYS WERE NOT PAID AND WHY THEY WERE NOT PAID IN THE MESSAGE AREA BELOW. THE OFFICE PROCESSING YOUR CLAIM IS:

EMPLOYMENT DEVELOPMENT DEPARTMENT TELEPHONE: (800) 480-3287
PO BOX 120831
SAN DIEGO CA 92112-0831

THE ATTACHED CHECK IS FOR STATE DISABILITY INSURANCE FOR THE FOLLOWING PERIOD(S): 10/27/06 THROUGH 11/09/06.

NO. OF DAYS	BENEFIT AMT.	AMT. DEDUCTED	AMT. PAID
14	$294.00	$0.00	$294.00

MESSAGE-AREA

IMPORTANT NOTICE: IF YOU DO NOT UNDERSTAND ANY FORM SENT TO YOU BY THIS OFFICE, CONTACT US FOR ASSISTANCE AT THE TELEPHONE NUMBER SHOWN ON THE CHECK STATEMENT.

YOU HAVE BEEN PAID DISABILITY BENEFITS ON AN AUTOMATIC PAYMENT CYCLE. FOR THE DEPARTMENT TO VERIFY YOUR CONTINUING ELIGIBILITY, COMPLETE AND IMMEDIATELY RETURN THE ENCLOSED DISABILITY CLAIM STATUS QUESTIONNAIRE (DE2593) TO THE DISABILITY OFFICE SHOWN ABOVE.

IF YOU EXPECT YOUR DISABILITY TO BE LONG-TERM, YOU SHOULD CONTACT THE SOCIAL SECURITY INFORMATION LINE AT 1-800-772-1213 TO FIND OUT ABOUT ADDITIONAL BENEFITS THAT MIGHT BE AVAILABLE.

DE 2593-A (12/91)

DE 2500CKX Rev. (8/03) DETACH THIS STUB FOR YOUR RECORDS/REMUEVA ESTE TALÓN PARA SU RÉCORD PERSONAL CU PAGE1 (10-04) FLASH

B ↑

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61302

Date: November 13 20 08

From: Micheal Miller Address: N/A

Thirty three and 09/00 — Dollars ($ 33.09)

In Full Payment of Vase for Charles Edward & Mary A Cammon

Div 11 Sec 2 Blk/Row ____ Lot 8 Grave 3

Invoice No. ____

Acct. No. E-20017 / 20109

W.O. ____

BALANCE DUE Ø

☐ Money Order
☒ Charge Mastercard WO 6605 AP 013138
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 13 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial	100		
Containers	77182 100		
Handling Fee	77185	18.00	n/p
Recording & Misc. Fees	100 77183	14.00	misc.
Sales Tax	60101 78390	1.09	tax
TOTAL PAID	$	33.09	

AC-212A (11-05)
This information is available in alternative formats upon request.

E20017

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 X No

Blind Check Initiated By: KEVIN Date: 12-13

Interment space for: Mary A Cammon

Interment Date: 12-15-06 Time: 12:00 Church

Div: 11 Sect: 2 Blk/Row: — Lot: 8 Gr: 3

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 _____

Bank of America

E2007

H

Your Bank of America Combined Account Statement

0165 P P
E0-3

MARY A CAMMON FOR
NICHOLAS A DELOSSANTOS
2680 L ST
SAN DIEGO CA 92102-4022

Statement Date: November 21, 2006

At Your Service
Call: 858.452.8400

Written Inquiries
Bank of America
Barrio Logan Banking Ctr
PO Box 37176
San Francisco, CA 94137-0001

Customer since 2001
Bank of America appreciates your business and we enjoy serving you.

Our free Online Banking service allows you to check balances, track account activity, pay bills and more. **With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.** Enroll at www.bankofamerica.com.

☐ Summary of Your Deposit Accounts

Account	Account Number	Your Balance
MyAccess checking	01657-40278	$ 13.04
Regular Savings	01656-40796	103.30
Total Balances		$ 116.34

☐ Bank of America News

Skip the stamps, envelopes and checks by using free online Bill Pay from Bank of America. Most bill payments are delivered by next business day, making it much faster than paying bills by mail - helping you avoid late fees. To learn more, sign in today at bankofamerica.com.

☐ Your MyAccess checking Account

Account Number: 01657-40278
Statement Period: October 24 through November 21, 2006

Beginning Balance on 10/24/06	$16.03
Total Deposits	+ 1,234.00
Total Checks, Withdrawals, Transfers, Account Fees	- 1,236.99
Ending Balance	$13.04

Number of ATM withdrawals and transfers	0
Number of purchase transactions	0
Number of 24 Hour Customer Service Calls	
Self-Service	1
Assisted	0

☐ Account Activity

Date Posted	Description	Reference Number	Amount
	Deposits and Credits		
11/01	Cosd Hhsa DES:Reglar Ben ID:B0001597757 INDN:Cammon, Mary Co ID:7956000934 PPD Ref:006303007014302		$398.00
11/01	US Treasury 310 DES:SUPP SEC ID:Xxxxx3123 SSI INDN:Mary A Cammon Co ID:3101736121 PPD Pmt Info:N1*gd*mary A Cammon \N1*be*nicho Las A Delossantos*34*607643123\ Ref:006299005727443		836.00
	Total Deposits and Credits		$1,234.00

Continued on next page

Recycled Pa

E20017

57

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARY	A	CAMMON	03/23/1949	12/06/2006	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	LA DONNA CAMMON, DAUGHTER 2680 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 taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	12/14/06

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	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	12/14/2006	▶ 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
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 12/15/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Callen	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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 12/11/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marguerite Schaubel ⊠ 230564

in a Ash Vault (Type of Burial Container) Funeral, date, time Dec 12, 2006

Church, Chapel, Graveside Delivery : Featherings III Mortuary

All Funeral cars 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 2 Blk/Row _____ Lot 17 Grave 1

Grave space & Care Fund	~~0~~
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container	79.00
Handling Fees	85.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	
Total Due	384.12
Paid receipt number R-59867	384.12
Balance due	~~0~~

PAID DEC 11 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.

230563

I hereby authorize the interment in lot I hold under deed.

James W Schaubel
Signature

James W. Schaubel
Print Name

12886 Camino Ramillette
Address

San Diego 92128
City Zip Code

Calif

Telephone Bonnie-619-440-9220

Invoice # _____

Work Order # E-20018

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20018

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH HENRY (LINEL) WALTER (ASH)

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

			X		FELLY	
				TURNER		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 12-11-06

Interment space for: MARGUERITE SCHAUBEL

Interment Date: TUES. - A-H Time: A-H

Div: 6 Sect: 2 Blk/Row: ____ Lot: 17 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED Bottom Left

E2018

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: Dec 11, 2006

CALL TAKEN BY: Maria

RECEIVED CALL FROM:

☑ MORTUARY NAME: Featheringill

☐ FAMILY MEMBER / REPRESENTATIVE

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

RELATIONSHIP TO DECEASED: _____

NAME OF DECEASED:

LAST NAME: Schaubel, Marguerite

FIRST NAME: _____ INITIAL: _____

D.O.D. _____ D.O.B. _____

VETERAN: ☐ yes BRANCH OF SERVICE: _____

☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD

CASKET MEASUREMENTS: _____ x _____ x _____

FUNERAL SERVICE:

TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____ TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: _____

CEMETERY PROPERTY: ☐ A/N ☐ P/N ☐ P/N Trust

DIV: 6 SECT: 2 BLK/ROW: ___ LOT: 17 GR: 1

☐ SINGLE GRAVE ☒ CREMATION

☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE

☐ WITNESS ONLY ☐ DELIVERY ONLY

☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS: _____

E 20018

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 92 6194-02

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
MARGARET	P.	SCHAUBEL	07/09/1913	04/21/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTEE	SAN DIEGO	JAMES W. SCHAUBEL, SON 12886 CAMINO RAMILLETTE SAN DIEGO, CA 92128

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ Mr Downs	04/25/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN 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	04/25/2006	▶ 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
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 12-12-06	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 4-26-06	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 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

pre-need to At-need

Date 12/11/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For: Jose Luis Fajardo 230580

in a Double-Depth Crypt "A" Type of Burial Container Funeral, date, time Community Sat Dec 16 10:am

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 2 Section 2 Blk/Row 7 Lot 3 Grave 1

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	✓851
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	4,747.77
Paid receipt number AP04871A	4,747.77
Balance due	0

PAID

DEC 13 2006

MOUNT HOPE CEMETERY

230579

I hereby certify I am the [redacted] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address See attached

City Zip Code

Telephone

Paulette

Work Order # E-20019

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20019

I Marina G Diaz Grant Maria Fajardo the Right to inter in the lot that I have purchased at Mt Hope. Cemetery. located in Division 1 section 1 Lot 3 Grave 1

Marina Diaz
3932 Broadway
San Diego CA 92102
619-873-6539

Marina D

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At ~~Pre~~-need

Date 12/11/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For: Jose Luis Fajardo in a Double-Depth Crypt "A" (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Close to street

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

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 _____	_____
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 _____

Danielle

E 20019

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

	HUTCHINSON		X			

Flagged Yes X No

Blind Check Initiated By: KEVIN J Date: 12-13

Interment space for: Jose L. Fajardo

Interment Date: Sat. Dec 16 Time: 10:00

Div: 2 Sect: 2 Blk/Row: 7 Lot: 3 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

GRAVE IS 5' WIDE 10 LONG

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E2019

COX COMMUNICATIONS

www.cox.com

November 19, 2006

Account Number: 001 3110 004125109

230578

MARINA DIAZ
3932 BROADWAY
SAN DIEGO CA 92102-3426 32

Previous Balance	Payments Received	Adjustments	Current Charges	Total Due	Due By
$227.30	$-109.09	$4.95	$118.21	$241.37	ON RECEIPT

Current Charges as of November 19, 2006

Total Cable Services	71.95
Total Internet Services	41.95
Total Fees, Surcharges & Taxes	4.31
Total Current Charges	$118.21

Questions?

CUSTOMER SERV: 619-262-1122
REPAIR: 619-262-1181
COX TELEPHONE: 888-222-7743
On-Line: www.CoxSanDiego.com

About Your Account

If the past due amount is not received within 19 days of the statement date, a late fee of $4.75 may be assessed. We value you as a customer and want to avoid any additional cost to you. If you have already paid the previous balance, thank you. Please deduct your payment from the total amount due. Cox Standard Service ($43.95 per month) consists of Cox Limited Basic (channels 4-18, 20-27) and Cox Expanded Service (channels 2-3, 19, 28-67, 70, 95, 99).

What's New From Cox

ARE YOU SAVING AS MUCH AS YOU COULD BE? It's never been easier to calculate your savings and find the services you need with the new Cox Bundle Analyzer. In addition to discovering the value of the Cox Combos, you're only a couple of clicks away from ordering when you find the one that's best for you. Are you thinking about adding additional services, like Cox High Definition Cable or Cox Digital Video Recorder? Use the Cox Bundle Analyzer to check the amount of your monthly bill. Visit https://www.cox.com/sandiego/offers today.

Continued on Reverse

E20019

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSE	LUIS	FAJARDO	03/31/1966	12/12/2006	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 FAJARDO, SPOUSE 600 ANITA STREET #82 CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking Permit	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA, CA 91911	FD1682	▶ [signature]	12/15/06

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	12/15/2006	▶ 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)

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 12/16/06	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.)

E20019

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSE	LUIS	FAJARDO	03/31/1966	12/12/2006	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 FAJARDO, SPOUSE 600 ANITA STREET #82 CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA, CA 91911	FD1682		12/15/06

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	12/15/2006	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 SAN DIEGO, CA 92102	11B. DATE BURIED 12/16/06	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.)

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E-2009

I, Maria Fajardo, will not hold Mt. Hope Cemetery staff responsible for any damages incurred in the installation of a non-local monument to Jose Fajardo. As a favor to the family, Mt. Hope has installed the marker, a job usually done by an insured monument company. Since this marker originates from Mexico, it was not possible to have the company install. Furthermore, it is understood that because the inscription on the monument reaches the bottom of the stone, it will not be set to the usual standards of the cemetery.

Signed,

Date 3-9-07

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 12-11-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosie Carter-Nixon 230577

in a Double-Depth Crypt "A" Type of Burial Container Funeral, date, time Thurs. Dec. 14

Church Chapel, Graveside Anderson-Ragsdale Mortuary 1:00

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 12 Section 1 Blk/Row _____ Lot 52 Grave 11

PAID
DEC 12 2006
MOUNT HOPE CEMETERY

Grave space & Care Fund	2264.00
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	3896.77
Paid receipt number R-59868	3,896.77
Balance due	Ø

Mortuary 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.

230576

- I hereby authorize the interment in lot I hold under deed

Signature

Paulette

Work Order # E-20020

+Calvin Nixon
Print Name

4665 Nagal St. #B
Address

San Diego 92102
City Zip Code

(619) 263-8982
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20020

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 DOUBLE DEPTH A

		EWING				
	RUIZ		X	FRYKMAN		
				ALEXANDER		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 12-11-00

Interment space for: ROSIE - GREEN - NIXON

Interment Date: THURS 12-14 Time: 1PM

Div: 12 Sect: 1 Blk/Row: ____ Lot: 52 Gr: 11

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 _____

E20020

MetLife

METROPOLITAN LIFE INS. CO.
3131 CAMINO DEL RIO N S1050 10F
SAN DIEGO CA 92108

Questions ?
Contact your MetLife Representative :
619-281-9890
Sales Office/Agency :
H56/819

Annual Dividend Statement

Anniversary Date
August 1, 1997

Policy/Contract Number
948 008 960 M

Face Amount of Insurance
$10,000

ROSIE LEE CARTER NIXON
4565 LOGAN AVE #A
SAN DIEGO CA 92113

Name of Insured/Annuitant
ROSIE LEE CARTER NIXON

Plan
WHOLE LIFE

Please place this statement with your policy. This is not a bill.

Dividend Summary

According to the terms and provisions of your policy, you have chosen to have your 1997 dividend purchase additional paid-up insurance.

1997 Dividend:	$12.10
Additional Paid-Up Insurance Purchased by Dividends	
Prior Balance:	18.28
Additional Insurance Earned on Prior Balance:	.66
Amount Purchased by Current Dividend:	21.30
Total Additional Paid-Up Insurance:	40.24

See [illegible] a explanation of your dividend options.

At MetLife, we value your business and look forward to providing you with quality service -- now and in the years ahead.

Thank you for insuring with MetLife.

Is your auto or homeowners insurance expiring? Contact your MetLife representative for a free review. Metropolitan Property and Liability Insurance Company(Warwick, R.I.) is available in most states.

For questions or service, please contact your MetLife Account Representative or call 1-800-MET-5000 (1-800-638-5000). Our busiest day is Monday, so it is best to call Tuesday through Friday, if possible.

NYHO-HB165C

E20020

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROSIE	LEE CARTER	NIXON	02/28/1930	12/08/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	CALVIN NIXON, HUSBAND 4665 NOGEL STREET #B 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	▶	12/11/2006

8. 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

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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	12/12/2006	▶ 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)	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 12-14-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Jennings
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS 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.

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CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 12/11/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELISHA BINGHAM Pin # ~~230571~~ 230259

in a Liner (Type of Burial Container) Funeral, date, time Friday Dec 15th, 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 12 Section 1 Blk/Row ~~~ Lot 69 Grave 6

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	209.93
Total Due	3,358.93
Paid receipt number R-59870	3,358.93
Balance due	0

PAID
DEC 13 2006
MOUNT HOPE CEMT

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 230570

I hereby authorize the interment in lot I hold under deed.

X _____
Signature

X _____
Print Name

X _____
Address

X _____
City

X _____
Telephone

Paulette

Work Order # E-20021

See attached

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20021

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 12/11/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELISHA BINGHAM

in a Liner (Type of Burial Container) Funeral, date, time Friday Dec. 15th, 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 12 Section 1 Blk/Row _____ Lot 69 Grave 6

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

Family

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.

I hereby authorize the interment in lot I hold under deed.

X Ramona Bingham
Signature

X Ramona Bingham
Print Name

X 7044 Springford Avenue
Address

X San Diego, CA 92114
City Zip Code

X (619) 262-5514
Telephone

Paulette

Work Order # E-20021

Invoice # _____

Acct # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E20021

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

Coleen						
		CLARK	X			
	HUFF					

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 12-13

Interment space for: ELISHA BINGHAM

Interment Date: Friday Dec 15th Time: 11:00 CHURCH

Div: 12 Sect: 1 Blk/Row: ~ Lot: 69 Gr: 6

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 _____

E20081

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

12

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ELISHA	FREDRICK	BINGHAM	04/30/1934	12/11/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	RAMONA B BINGHAM, WIFE 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]	12/11/2006

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	12/12/2006	▶ 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 MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12/15/06	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

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

City of San Diego

At need services
res. fees

Date 12/14/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alden Fulkerson ⊗ 229520

in a Ash Vault (Type of Burial Container) Funeral, date, time Tues, Dec 19, 2006 10:00

Church, Chapel, Graveside Witness : Featherings III Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ MAX will be applied and billed to undersigned.

Division 6 Section 3 Blk/Row ____ Lot 11 Grave 12

Grave space & Care Fund E-19355 / E-321	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container	79.00
Handling Fees	85.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	384.12
Paid receipt number R-59873	384.12
Balance due	-0-

PAID
DEC 14 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.

229708

I hereby authorize the interment in lot I hold under deed.

X Judith D. Fulkerson
Signature

X Judith D. Fulkerson
Print Name

3862 Armstrong St.
Address

San Diego CA 92111
City Zip Code

858-277-3809
Telephone

(FAX) 583-7038

Invoice # ____

Work Order # E-20022

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20022

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH EDWARD L FULKERSON

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

	Compton	Fulkerson	Fulkerson			
	Compton		X	Simmons		
				McCall		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 12-14-06

Interment space for: ALDEN FULKERSON

Interment Date: TUES DEC 19 Time: 10AM

Div: 6 Sect: 3 Blk/Row: ____ Lot: 11 Gr: 12

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 MIDDLE

E20022

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

78 7673-01

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALDEN	JOSEPH	FULKERSON	07/23/1928	12/11/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	JUDITH D. FULKERSON, SPOUSE 3862 ARMSTRONG ST. SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M- Domingos	12/15/2006

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	12/15/2006	▶ 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
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 12-19-06	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 12-15-06	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 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 — VS9a (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 12/14/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Moses Harris Pin: 230583

in a Double-Crypt n Funeral, date, time Tues Dec 19th 11:00

Type of Burial Container

Church, Chapel, Graveside _____ : Cypress View Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row — Lot 44 Grave 11

Grave space & Care Fund	2264.00
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	3,896.77
Paid receipt number Visa AP000464	3,896.77
Balance due	0

PAID

DEC 14 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.

230582

I hereby authorize the interment in lot I hold under deed.

X Carrie J. Harris
Signature

CDL A0028457
1-31-11

X Carrie Harris
Print Name

X 4473 T Street
Address

X San Diego CA 92113
City Zip Code

X (619) 263-8209
Telephone

Invoice # _____

Work Order # E-20023

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20023

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

	RAY	WILLIAM	X	DAVIS		
	FITZGERALD		ROBINSON	NOLAN		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 12-15-06

Interment space for: MOSES Harris

Interment Date: Tues Dec 19th Time:

Div: 12 Sect: 3 Blk/Row: ____ Lot: 44 Gr: 11

Grave Laid out by: Norma Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20023

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 69

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MOSES	-	HARRIS	11/01/1937	12/12/2006	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	CARRIE HARRIS, WIFE 4473 T ST. SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-IMPERIAL AVE., 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	FD-670	▶ Jahaitti Tinsley	12/18/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition 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 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	12/18/2006	▶ 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 SUCCEEDING 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 4473 T ST. SAN DIEGO CA 92102	11B. DATE BURIED 12/19/06	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.

COPY 3 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9a (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 Resident

Date 12/14/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paylag Kazandjian 230590

in a Top Seal (Type of Burial Container) Funeral, date, time Friday, Dec 22 @ 10:30

(Church) Chapel, Graveside : MAYER Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 230.00 will be applied and billed to undersigned.

Division 6 Section 4 Blk/Row ____ Lot 30 Grave 2

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	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 AP 056182	3,685.51
Balance due	0

PAID
DEC 14 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.

230589

I hereby authorize the interment in lot I hold under deed.

Signature

Aron Kirksharian
Print Name

2296 Green River
Address

Chula Vista CA 91915
City Zip Code

619 208 7275
Telephone

Invoice # ____

Work Order # E-20024

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20024

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 TS

	KUHNEL		X			
			HUNT	LONG	HUTCHINSON	

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 12-19-06

Interment space for: Paylag Kazandjian

Interment Date: 12/22/06 Time: 10:30

Div: 6 Sect: 4 Blk/Row: ____ Lot: 30 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 _____

E20024

CALIFORNIA
DRIVER LICENSE
CLASS C
EXPIRES 06-01-11
A2040897
PAYLAG KAZANDJIAN
3940 PARK BLVD 407
SAN DIEGO CA 92103
SEX:M
HAIR:BRN
EYES:BRN
HT:5-11
WT:192
DOB:06-01-27
RSTR: CORR LENS
04/05/2006 S86 81 FD711

E20024

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PAYLAG	-	KAZANDJIAN	06/01/1927	12/14/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
AN DIEGO	SAN DIEGO	SONIA KIRKSHARIAN, DAUGHTER P.O. BOX 210541 CHULA VISTA, CA 91921

7A. TYPED NAME AND ADDRESS OF 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	▶	12/14/2006

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		11.00	12/15/2006	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 92102	11B. DATE BURIED 12-22-06	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

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

15 Chairs
At need
Residence

Date 12/15/06

230586

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Keisha Rene Lee (3-days old)

in a 0-Liner (Type of Burial Container) Funeral, date, time Weds Dec 20 10:00

Church, Chapel Graveside : 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 9 Section 1 Blk/Row _____ Lot 2381 Grave 1

Grave space & Care Fund	142.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.-
Burial Container 14"L x 9"W x 6 1/2 h per Evergreen Ragsdale	99.-
Handling Fees	36.-
Flower vases – Marker setting fee 32 IV.	33.09
Recording/Filing/Transfer Fees	65.-
Sales taxes	7.67
Total Due	560.76
Paid receipt number R-59874	560.76
Balance due	0

PAID
DEC 15 2006
MOUNT HOPE CEMETERY

I hereby certify I am the X Mother / Caregiver of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

230585

I hereby authorize the interment in lot I hold under deed.

X Twanisha Lee
Print Name
X 303 Lausanne Dr
Address
X San Diego
City
(619) 463-3804
Telephone
Zip Code

X Twanisha Lee
Signature
X Tabbie Brady-Wendtz
230587

Invoice # _____

Work Order # E-20025

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20025

303 Lausanne Dr
San Diego Ca
92114

Phone
(619)
263-5744
or
808-2303

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY — CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

E 20025

AGENCY - GROUP HOME AGREEMENT

Child Placed by Agency in Group Home

Name of Child	Parent's Name
Twanisha Madonn i Lee	Phyllis Kanistanne Moore
Birthdate of Child	**Date Placed**
07/29/1990	8/28/2006

Case Number
0114-0409-9594- :009344

Anticipated duration of placer ent is Unk months.

The Agency will pay $ Gr o rt per month for room and board, clothing, personal needs, recreation, transportation, education, incidentals, supervision and social services. First pa, nent to be made within 45 days after placement with subsequent payments to be made monthly.

If additional amounts are to b paid, the reason, amount and conditions shall be set forth here:

Special problems: [x] Yes [ ] No If yes, explain: Molest victim; prostitution; sucidal ideation; aggressive; gang; AWOL; drug use.

Agency Agrees To

1. Provide the group home w l knowledge of the background and needs of the child necessary for effective care. This shall include a social work assessment, medical reports, educational ass sment, psychological/psychiatric evaluations, and identification of special ne ls when necessary. This shall be made available to group home within 14 days f om date of placement.
2. Work with the group home t ward development of a treatment plan.
3. Work toward termination of t hild's placement with group home staff.
4. Continue paying for this c ild's care as long as eligible and the group home maintains child on an active status or until the agency requests that placement be terminated.
5. *Assist in the maintenance o this child's constructive relationships with parents and* other family members, and i volve parents in future planning for this child.
6. Contact the child in the gr up home at least once a month. If case plan would indicate less frequent contac , the group home will be informed.
7. Inform group home if child h s any tendencies toward dangerous behavior.
8. Provide a Medi-Cal card or o her medical coverage at time of placement.
9. Provide authorization for m dical treatment, signed by this child's parents or legal guardian.
10. Provide a clothing allowance as permitted to meet initial clothing needs.
11. Provide assistance with e ergencies. Telephone number for after-hours or weekends is:

Social Worker:
Myra Burnette 619 767-5249

Group Home Agrees To

1. Provide this child with the nurture, care, clothing, treatment and training suited to his needs.
2. Follow admission requirements related to medical screening, physical examination, medical testing and immunization.
3. Develop an understanding of the responsibilities, objectives, and requirements of the agency in regard to the care of this child and work with the agency in planning for this child.
4. Encourage the maintenance of the natural parent-child relationship and include the child's parents in the treatment plan whenever possible.
5. Not use corporal punishment, punishment before the group, deprivation of meals, monetary allowances, visits from parents, home visits, threat of removal or any type of degrading or humiliating punishment, and to use constructive alternative methods of discipline.
6. Respect and keep confidential information given about the child and his family.
7. Work toward termination of placement on a planned basis with maximum involvement of the child, parents, and the agency.
8. Conduct a staffing or review on this child at least quarterly.
9. Submit an initial diagnostic summary to the agency within three (3) months from the date of placement. This summary shall include information listed on the last page of this agreement form.
10. Submit ongoing written evaluations to the agency quarterly. These evaluations shall include information listed on the last page of this agreement form.
11. Immediately notify agency of significant changes in this child's health, behavior, or location.
12. Submit copies of any pertinent information such as school reports, medical reports and psychological/psychiatric reports as completed.
13. Give the agency prior notice of at least 7 days of intent to discharge this child unless it is agreed upon with the agency that less notice is necessary.
14. Conform to the licensing requirements.
15. *Provide state and federal agencies access to documentation* written documentation is maintained on children in their care.
16. Notify the agency immediately if an application is made on behalf of this child for any kind of income. Examples of income include, but are not limited to, child support payments, Veterans Benefits, Railroad Retirement, Social Security, RSHDI, and Supplemental Security Income/State Supplemental Program (SSI/SSP).
17. Remit to Department of Public Social Services any income received on behalf of this child while in foster care up to the full cost of board and care plus medical cost. In addition, I will cooperate to have the Social Security Administration, or the appropriate agency, make the Department of Public Social Services the payee for any funds received on behalf of this child.

I have read the foregoing and agree to conform to these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of both parties or this child is removed from the group home.

Signature of Children Placement Worker		Signature of Authorized Group Home Representative	
Karen Wimmer		Rosetta Cannon	
Title	**Name of Agency**	**Title**	**Name of Group Home**
Karen Wimmer, SPSW Emergency Shelter Care	Health & Human Services Childrens Services	Asst. Prog. Dir.	New Alternatives Kenora
Address		**Address**	
9400 Ruffin Ct, SD 92123		3602 Kenora Dr, Spring Valley 91977	
Phone Number	**Date**	**Phone Number**	**Date**
858 514-4683	8/28/06	619 463-8875	8/28/06

cc: To group home, child's soc al service record.

E 20025

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 0-Liner

		Tom[illegible] Baker				
					John Pearman	Bernard
			X			

Flagged **Yes** ✓ **No** ____

Blind Check Initiated By: Paulette Date: 12/18/06

Interment space for: Keisha R. Lee Infant

Interment Date: 12-20-06 Time: 10:00 am

Div: 9 Sect: 1 Blk/Row: ~ Lot: 2381 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: 12/18/06

CREMAINS WERE PLACED ____

E 20025

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KEISHA	RENEE	LEE	12/06/2006	12/08/2006	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	TWANISHA MADONNA LEE, MOTHER 3602 KENORA DRIVE SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	12/15/2006

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	12/15/2006	▶ 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 12-20-06	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.

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

Date 12/18/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IQBAL AZAD 230581

In a SLAB (Type of Burial Container) Funeral, date, time Monday Dec. 18 1:30

Church, Chapel (Graveside) . Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division Muslim Section _____ Blk/Row _____ Lot 1-12 Grave 2

Grave space & Care Fund E-14421 <6-15-1998> 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.00

Burial Container 114.00

Handling Fees _____

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees 65.00

Sales taxes 8.84

Total Due 720.84

Paid receipt number R-59879 720.84

Balance due 0

PAID DEC 18 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.

230584

I hereby authorize the interment in lot _____ hold under deed.

Raana Azad
Signature

RAANA AZAD
Print Name

726 Seabright Lane
Address

Solana Beach CA 92075
City Zip Code

(858) 755-8159
Telephone

Paulette

Work Order # E-20026

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20026

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 SLAB

			X			

Flagged **Yes** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: IQBAL AZAD

Interment Date: MON DEC 18 Time: 1:30 G.S.

Div: Mus Sect: _____ Blk/Row: _____ Lot: 1-12 Gr: ~~3~~ 2

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20026
WALKWAY
SPRINKLER HEAD
SPRINKLER HEAD
22'
20'-6"
9'10"
4'-6"
3'-0"
4'-0"
3'-0"
9'10"
3½
ENTRANCE
WALKWAY
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
18
33
35
37
39
41
43
45
47
49
51
53
SOLD
Sold
SOLD
Sold
SOLD
sold
Shoyeb
AHMED
AZIZ

E200026

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
IQBAL	-	AZAD	06/23/1918	12/16/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SOLANA BEACH	SAN DIEGO	MAHMOOD AZAD, SON 726 SEABRIGHT LANE SOLANA BEACH, CA 92075

7A. TYPED NAME AND ADDRESS OF 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	▶ Michael Hyne	12/18/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN 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	12/18/2006	▶ 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 MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12/18/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Calleros	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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

City of San Diego

Res fee

Date 12/18/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy ODUM 230591

in a Liner (Type of Burial Container) Funeral, date, time Friday, Dec 22 @ 10:00

Church (Chapel) Graveside _____ ; Anderson-Baysdale 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 12 Section 2 Blk/Row ~ Lot 154 Grave 2

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 DEC 2006 MOUNT HOPE

Mort 2 pay

Paid receipt number R-59003 3,358.93

Balance due 0

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

230591

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X DAVID Odum Print Name

X 6731 Tiffin Ave Address

X San Diego CA 92114 City Zip Code

X 619 5833179 Telephone

Paulette

Work Order # E-20027

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20027

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

		SOLBERG				
MONTES			X			
		PALMAZ	SHOATE		COOKSON	

Flagged Yes X No

Blind Check Initiated By: KELLY Date: 12-

Interment space for: Dorothy ODum

Interment Date: 12-22-06 Fri Time: 10:00 Chapel

Div: 12 Sect: 2 Blk/Row: W Lot: 154 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 _____

E 20027

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
DOROTHY	JEANETTE	ODUM	04/19/1961	12/17/2006 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	DAVID ODUM, FATHER 6731 TIFFIN AVENUE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329		12/20/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN 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	12/20/2006	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
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 12-22-06	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.

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

Date 12/15/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Betty L. Hall & Brenda Bailey

in a ___ Type of ... Container Funeral, date, time ___

Church, Chapel, Graveside ___ ; ___ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ___

will be applied and billed to undersigned. ___

Division 8 Sec 3 Lot 140 & 141

Division IOOF Section ___ Blk/Row 23 Lot 19 Grave 1 & 2

Grave space & Care Fund @ - 1683/A-6504 ___

Overtime/Late Arrival Fees ___

Opening/Closing & Setup ___

Burial Container ___

Handling Fees ___

Flower vases – Marker setting fee ___

Recording/Filing/Transfer Fees DEC 15 2006 65.00

Sales taxes ___

PAID

MOUNT HOPE CEMETERY

Total Due 65.00

Paid receipt number R-69877 65.00

Balance due 0

I hereby certify I am the X ___ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X ___
Signature

Per Lugo

X Betty L. Hall/or Brenda Bailey
Print Name

X 904 Cinarron Ave
Address

La Fanta CO 81050
City Zip Code

X ___
Telephone

Invoice # ___

Work Order # E-20028

Acct. # ___

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20028

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 OOF ~~Section~~ B/E 23 Lot 19 Grave 1 + 2

2. My legal authority to the above property is based on the following facts: Earl Crawford was my grandfather on my father's side. His son was Lowell A. Crawford who is my father. I am the only living relative (except my children) and therefore I request the right to inter for the above gravesites.

Earl James > IOOF Blk 23 Lot 19 Graves 1 and 2
Eva Adelle >
Esther E. > Div. 8 Sec 3 Lots 140 and 141
Olive B >

3. I have presented the following evidence to support the above facts.

Colorado DL # 97-226-0511 Exp. 11-12-09

DL

Rev. 08/05

E20028

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 December 15, 2006 in San Diego
(Date) (City)

Signature Betty A Hall Print Full Name _____

Interment rights also to Brenda Bailey

To have deed sent to you, fill in your mailing address here:

Full Name Betty A Hall

Address 904 Cimarron Ave

City, State & Zip Code La Jolla CA 92037

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

E20028

FOR OFFICE USE ONLY

Witnessed:

Signed on Dec. 15 (Date), 2006 in San Diego (City)

Signature [signature] Print Full Name David Lugo

Documents Presented:

Sworn Statement and Drivers License

Processed by: David Lugo

Approved by Cemetery Manager: Yes [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) _____

DL

Rev. 08/05

E200 28

E20028

59877

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

Date: Dec. 15, 20 06

From: Betty L Hall Address: 606 Grace

Sixty Five Dollars ($ 65)

in full Payment of Right to Inter Transfer

Div IDOF Sec BLK 23 Blk/Row Lot 19 Grave 1+2

Invoice No.

Acct. No.

W.O.

BALANCE DUE

☐ Money Order
☐ Charge
☒ Check 1132

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	65.	—
Sales Tax	60101		
	78390		
TOTAL PAID	$	65	00

AC-212A (11-05)
This information is available in alternative formats upon request.

JOHN F. HALL
BETTY L. HALL
606 GRACE PH. 719-383-0368
LA JUNTA, CO 81067

82-148/1070
1709395

1132

DATE 15 Dec 06

PAY TO THE ORDER OF Mt Hope Cemetery $ 65.00

Sixty Five DOLLARS

ACADEMY BANK N.A.
877-712-2345 or send mail to:

The Classic Account

MEMO Change of Money Ship

Betty L Hall

⑆107001481⑆ 1709395⑈ 1132

At need Resident

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/18/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cecilia Gutierrez 230588

in a DD Crypt (Type of Burial Container) Funeral, date, time Thurs. Dec 21 at 10:00

(Church) Chapel, Graveside _____ ; Azteca 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 2 Blk/Row _____ Lot 166 Grave 3

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 1ST	533.00
Burial Container DD Crypt	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number R-59881	3,896.77
Balance due	-0-

PAID DEC 19 2006 MOUNT HOPE

I hereby certify I am the Esposo of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Manuel Bravo (Signature)

2197744

Manuel Bravo P. (Print Name)

4620 Clairemont Mesa Blvd (Address)

San Diego CA 92117 (City, Zip Code)

858 581 9024 (Telephone)

Invoice # _____

Work Order # E-20029

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20029

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 "A"

			X			

Flagged **Yes** X **No** _____

Blind Check Initiated By: KEVIN Date: 12-19-06

Interment space for: CECILIA GUITERREZ

Interment Date: THUR 12-21-06 Time: _____

Div: 12 Sect: Z Blk/Row: _____ Lot: 166 Gr: 3

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 _____

E20029

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 38

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CECILIA	-	GUTIERREZ GALINDO	11/22/1968	12/18/2006	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	MANUEL BRAVO FERNANDEZ, HUSBA 4620 CLAIREMONT MESA BLVD 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
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658	▶	12/20/2006

ACKNOWLEDGEMENT OF APPLICANT – I hereby acknowledge as applicant that the proceed 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	12/20/2006	▶ 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 A.L APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO,CA 92102	11B. DATE BURIED 12-21-06	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 2 IS RETAINED BY 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.)

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AT need Resident

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/19/2006

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Esther G. Szakacs ⊗ Pin 226941

In a Ash Vault (Type of Burial Container) Funeral, date, time Wed, Dec 26 AM

Church, Chapel, Graveside Delivery Only : Telephase 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 10 Section ____ Blk/Row ____ Lot 4369 Grave 1

Grave space & Care Fund C-7834	-0-
Overtime/Late Arrival Fees	-0-
Opening/Closing & Setup	149.00
Burial Container	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	562.12
Paid receipt number R-59885	562.12
Balance due	-0-

PAID DEC 21 2006

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 Gala Burrow

Gala Burrow
Print Name
2921 Hillendale
Address
Rochester Hills, MI 48309
City Zip Code
248-375-1775
Telephone

Invoice # ____

Work Order # E-20030

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20030

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Joseph John SZAKACS

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

	Hershey		Blubaugh	Newman		
			X	McAlexander		
			Scott	Nebelong		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 12/26

Interment space for: Esther SZAKACS

Interment Date: 12/26/06 Time: Delivery Only

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4369 Gr: ____

Grave Laid out by: DAVID NEUMEYER

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED [redacted] [redacted] TOP RIGHT

E20030

97

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	GENEVA	SZAKACS	09/30/1919	12/14/2006 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	JOHN RICHARD SZAKACS, SON 869 VAN HORN RD. EL CAJON, CA 92019

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
TELOPHASE CREMATION SOCIETY-SD, 7851 MISSION CENTER COURT #104 SAN DIEGO, CA 92108	FD-1272		12/19/2006

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

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	12/19/2006	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 MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12-27-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC., 14065 HWY 8 BUSINESS EL CAJON, CA 92021	12B. DATE CREMATED 12/21/06	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.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9a (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.)

[redacted] [redacted]

Total of 10 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need on grave of Alberta Jones

Date 12/19/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edwin Charles Jr. [redacted] 230608 Friday

in a ASH VAULT Type of Burial Container Funeral, date, time January 5, 2007 11:30

Church, Chapel, Graveside : Family Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 83 Grave 9

Grave space & Care Fund	Ø
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 AP019200	384.12
Balance due	Ø

PAID DEC 19 2006 MOUNT 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 207186
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

See attached

Invoice # _____

Acct. # _____

Paulette

Work Order # E-20031

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 Alberta Jones

Date 12/19/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edwin Charles Jr. ~~X~~ Friday

in a ASH VAULT (Type of Burial Container) Funeral, date, time January 5, 2007

Church, Chapel, Graveside ; Family Mortuary 1130

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 83 Grave 9

Grave space & Care Fund	-0-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.—
Burial Container	79.—
Handling Fees	85.—
Flower vases – Marker setting fee DEC 19 2006	—
Recording/Filing/Transfer Fees	65—
Sales taxes	6.12
Total Due	384.12
Paid receipt number M/C AP019200	384.12
Balance due	Ø

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 Judy Charles
Signature

X Judy Charles
Print Name

X 949 Wooley ST
Address

X HEMET CA 92543
City Zip Code

951.925.1612
Telephone

Paulette

Work Order # E-20031

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

REFILE

E 20031 5348

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EDWIN	[illegible]BONE	CHARLES, JR.	02/13/1957	11/10/2006	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	JUDY B. CHARLES - MOTHER 949 WOOLEY ST. HEMET, CA 92543

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person asking permit	8B. DATE SIGNED
AMERICAN CREM. SERV. 6136 MISSION GORGE RD.? #100, SAN DIEGO, CA 92120	FD-1752	▶ [signature]	12/19/2006

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	12/22/2006	R. MARTINEZ ▶ 2605594

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 1-5-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY COUNTY CREM. 192 COMMERCE DR., PERRIS, CA 92571	12B. DATE CREMATED 12/26/2006	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 20031

Election Confirmation Statement

EDWIN CHARLES
3050 Clay Ave
San Diego CA 92113-1411

Edwin Ekstone Charles Jr
3050 Clay st
San Diego Calif
92113

Judy B Charles
24025 Huntridge dr
Murrieta. Calif
925[illegible]

92562+2221

MEDICAL: YOURSELF ONLY
VISION: YOURSELF ONLY
DENTAL: YOURSELF ONLY
LIFE $20000: YOURSELF ONLY

Coverage is effective on the first day of the pay period in which a deduction occurs. Please refer to your Summary Plan Description (available from your Local Benefits Representative) for detailed Plan information.

The Identification Cards Issued to You Become Void Upon Termination of Your Participation in the Plan.

E20031

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Alberta & Paul Jones (Grand Parents)

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

		AYALA	X		BUINGS	
		CLIFTON	RIGGINS	BLOOMING		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date:

Interment space for: Edwin Charles Jr. ⊗

Interment Date: 1-5-07 Time: 11:30

Div: 12 Sect: 3 Blk/Row: Lot: 83 Gr: 9

Grave Laid out by: JESUS & KEVIN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Date:

CREMAINS WERE PLACED

MT. HOPE CEMETERY

INTERMENT ORDER

At need
"Total of 12 chairs"

City of San Diego

LOW INCOME Date 12/22/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Reginald P. Amey 230643 ~~Jan 19~~

in a ~~liner~~ DD CRYPT A" Funeral, date, time Friday ~~Dec 29 2:00~~
Type of Burial Container

Church, Chapel, Graveside : Neptune Society Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row M Lot 16 Grave 2

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	539.00
Handling Fees	454.00
Flower vases - Marker setting fee	178.00
Recording/Filing/Transfer Fees	32.50
Sales taxes	41.77
Total Due	2643.77
Paid receipt number R-59890	2643.00
Balance due	.77

PAID DEC 27 2006 MOUNT HOPE CEMETERY

I hereby certify I am the X BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

Work Order # E-20032

230642

X Jeffrey W. Amey
Print Name

X 4616 Delta St Condo #7
Address

X San Diego, CA 92113
City Zip Code

~~619~~ 264-4777
Telephone

Cell 619-922-7755

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20032

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 Liner

		FENCE LINE				
	SOLANO		X			
DAVIS		LONGHILL	LONGHILL			

Flagged **Yes**_____ **No**_____

Blind Check Initiated By: _____ Date: _____

Interment space for: Reginald P. Amey

Interment Date: 12-28-06 Time: _____

Div: 11 Sect: 2 Blk/Row: ____ Lot: 16 Gr: 2

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DAVID NORIEGA Date: 12-26-06

CREMAINS WERE PLACED _____

Revised June 2006 E20032

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: REGINALD P. AMEY

Address: 4038 CHEROKEE AVE APT #9

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)	$45,800
(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: 22 DEC 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 SSDI A Statement

Approved by — Date: 12-22-06

Current _____ documents verified on:
Approved By
Date 12/22/06

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

E20032

December 22, 2006

City of San Diego Mt. Hope Cemetery
3751 Market Street
San Diego, CA. 92102-4527

Attention: Mt. Hope Cemetery

To Whom It May Concern:

SUBJECT: REQUEST FOR LOW INCOME ASSISSTANCE PROGRAM FEE WAIVER

I received a letter from my nephew Cedric B. Amey on the evening of December 20, 2006. In the letter it stated that my brother Reginald P. Amey passed away in the month of October 2006. On the 21st, I immediately started to make phone calls to numerous mortuaries. I ended up speaking with Rulon Davis from Cyprus View El Camino Mortuary, who did not have much information to assist me. I then proceeded to call the San Diego Police Department, in which they told me that they could not release any information. Therefore I spoke with a medical examiner by the name of Russell Pryor, who transferred me to the investigator Kelley, who is handling my brother's case. From there she explained the whole situation of my bother's time of death, when, where, and how. She also gave me an address in which I could visit to contact the woman Carolyn White, who my brother was previously living with. I then visited the address, thus no one knew anything and Carolyn White did not live at that residence anymore. I since then got into contact with Allen Pryor with Neptune Society where my brother's body remains.

I am requesting assistance because I am a 100% disabled veteran, with limited income. I currently am taking care of a wife, my mother-in-law, and three children, in which two of them are attending college and the other on attends high school. My bother passed away leaving me with no information about his life insurance or any bank information. Therefore I am left with the financial burden to cover his burial services, where there have not been any final arrangements made.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Jeffrey W. Amey — Signed/Relationship

22 DEC 06 — Date

Thank you,

Jeffrey W. and Ednaluna Amey

E20032

Salinas Valley State Prison
MR. Cedric B. Amey, CDC# V-77009
Build, C8, Cell # 114 upper
P.O. Box 1050
Soledad, CA 93960

STATE PRISON
GENERATED MAIL

Your Nephew
Pat's Son

UNITED STATES POSTAGE
$ 00.39
0004397458 DEC 18 2006
MAILED FROM ZIP CODE 93960

Mr. Jeffrey W. AMEY
MRr. Edna AMEY
4616 Delta St. (Apt #7)
San Diego, CA 92113

9211354180 C006

E20032

NILESH SHAH MD
DEPARTMENT OF VETERANS AFFAIRS
VA San Diego Healthcare System
Division of General Internal Medicine and Geriatrics
3350 La Jolla Village Drive
San Diego CA 92161
Telephone: (858)552-7475 or (619)400-5050
Toll free (877)252-4866
Pharmacy (858)552-7450, Automated (858)552-4390

November 13, 2006

Jeffrey Wayne Amey
4616 Delta Street Apt #7
San Diego, CA 92113

To Whom It May Concern:

I am writing this letter for patient Jeffrey Amey. Please note that Mr. Amey has been followed in the Firm clinic at the VA Medical Center for persistent, intermittent low back pain since 2000. This patient is currently 40% service connected for a lumbar injury. This patient had a recent exacerbation of his lumbar injury 11/23/04 with resultant severe lumbar pain. MRI of the lumbar spine 2/2/05 demonstrated a new L5-S1 disc herniation. EMG 2/8/05 demonstrated a chronic left L5-S1 radiculopathy. This patient underwent surgical L5/S1 laminectomy 2/22/05. The patient's post surgical course has been complicated with recurrent, severe back pain. MRI of the lumbar spine shows recurrent L5/S1 disc herniation and scar tissue. Postoperative EMG demonstrates persistent L5-S1 radiculopathy. At this time the patient has severe, recurrent LBP postoperatively limiting his ability to find employment. This pain currently severely limits his ability to perform normal activities of daily living, stand for prolonged periods >10 minutes, lift any weight, or sit for prolonged periods.

This patient is currently completely disabled. In my medical opinion this new exacerbation of his service-connected disability precludes him from obtaining ANY gainful employment, and limits him from normal activities of daily living.

Please call if you have questions or problems.

Sincerely,

Nilesh Shah, MD
Staff physician

A CERTIFIED TRUE COPY
NOV 2 9 2006
AUTHORITY-VETERANS
ADMINISTRATION FORM 4505

you did him. Anyway Uncle Jeffrey I have a very long time to do, I don't need money, but I will send you a package form when they pass them out, because I'm without, I was just been thinking about my whole ordeal, I didn't want to get that mad but you know how anger is once somebody does something to your family, you go for blood, so since the law wasn't doing their job, I had to do it myself. Anyway please write me back and I can give you the girl he was livin with's number she wrote and gave me asking about relatives and who I was, so just write me back ASAP.

Love Your Nephew
Cedric

E20032

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
REGINALD	PAUL	AMEY	12/16/1959	10/11/2006	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	JEFFREY W. AMEY/BROTHER 4616 DELTA STREET SIUTE #7 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 charge	8B. DATE SIGNED
NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON,CA 92021	FD-1352	▶	01/05/2007

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	ALAN PRYOR 01/05/2007	▶ Nancy L Bowan MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO,CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO,CA 92102	11B. DATE BURIED: 1-19-07	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
in grave w/ Hazel Franklin (wife)

Date 12/26/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leonard Franklin 231697

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time Friday January 5th 4:00

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 $ 213.-

will be applied and billed to undersigned. _____

Division 10 Section ~ Blk/Row ~ Lot 2830 Grave ~

Grave space & Care Fund E-16739	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 R-59892	793.-
Balance due	0

PAID JAN 03 2007 MOUNT HOPE CEMETERY

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X [signature]
Signature

X Ariel
Print Name

X 139 Via Contento
Address

X SM
City Zip Code

1949-310-1203
Telephone

Paulette

Invoice # _____

Work Order # E-20033

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 2003

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-23-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HAZEL FRANKLIN

in a O.D. Crypt (25+ BURIAL) Funeral, date, time FRI. NOV. 30 10:00

(Type of Burial Container)

Church, Chapel, Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 2830 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	28.50
Total Due	2143.50
Paid receipt number Void	2143.50
Balance due	0

PAID
NOV 27 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO

Joseph Franklin
1-323-737-5241
Paid by Visa
26[illegible]

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 _____

E20033

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Wife (Hazel A. Franklin)

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 "B"

shurtz	shurtz	shurtz	x		Keller	
			Lampkin			

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette Date: 1-3-07

Interment space for: Leonard Franklin

Interment Date: Friday ~~Thurs~~ Jan 5 Time: 1:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2830 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 ____

E 20033

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

79

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Leonard	-	Franklin, Jr.	06/15/1927	12/25/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Denver	Colorado	Joseph Franklin, Son 9134 E 29th Place Denver, CO 80238

7A. TYPED NAME AND ADDRESS OF 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]	01/03/2007

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	01/03/2007 B. Campbell	2700008 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-	Vital Records, P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 1-5-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 12/26/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lonnie Morgan Pin 230598

in a Liner (Type of Burial Container) Funeral, date, time Tues Jan 2 2007 1:00

Church, Chapel, Graveside Bayview ; Mortuary San Diego Memorial

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 2 Blk/Row ____ Lot 206 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	66.-
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R 59891	3358.20
Balance due	-.73

PAID
DEC 28 2006
MOUNT HOPE CEMETERY

MORTUARY TO PAY

I hereby certify I am the X ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X ____ Signature

X ____ Print Name

Address

City Zip Code

Telephone

See Attached

Paulette

Work Order # E-20034

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20034

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

		WILSON	IMAN			
	VELQUIZO	PORTEL	X			
				JACKSON		

Flagged **Yes** X **No**

Blind Check Initiated By: KELLIE Date:

Interment space for: Lonnie Morgan

Interment Date: Tues Jan 2 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: Lot: 206 Gr: 1

Grave Laid out by: DAVID M.

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 12-28-06

CREMAINS WERE PLACED

E20034

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 12/26/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lonnie Morgan

in a Liner (Type of Burial Container) Funeral date, time Tues Jan 2 2007

Church, Chapel, Graveside San Diego 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 2 Blk/Row Lot 206 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	2093
Total Due	3358.93

MORTUARY TO PAY

Paid receipt number

Balance due

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

Edna Morgan
Signature
by [illegible]

EDNA MORGAN Pin 230597
First Name

4394 MAYBERRY ST.
Address

SAN DIEGO CA 92113
City State

(619) 264-1958
Telephone

Invoice #

Work Order # E-20034

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request

E20034

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

59

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LONNIE	L.	MORGAN III	09/07/1947	12/20/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
FONTANA	SAN BERNARDINO	EDNA MORGAN, SPOUSE 28675 WOODCHESTER WAY MENIFEE, CA 92584

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person obtaining permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575		12/22/2006

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition of the remains described 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	12/22/2006	ERIC K FRYKMAN, 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 BERNARDINO HEALTH DEPARTMENT 340 NORTH MOUNTAIN VIEW AVENUE SAN BERNARDINO, CA 92415-0010	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, 3741 MARKET ST., SAN DIEGO, CA 92104	11B. DATE BURIED 1-2-07	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.

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 (20-chairs)

225120

Date 12/27/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MRS. JANE VANWAYK ⊗ FRI. MARCH 16, 1:00

in a ASH VAULT (Type of Burial Container) Funeral, date, time ~~Feb 9, 11:00 2007 Friday~~ 2:00 pm

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 IDDF Section _____ Blk/Row 44 Lot E3 Grave —

Grave space & Care Fund	A-8708 <1955>	Ø
Overtime/Late Arrival Fees		—
Opening/Closing & Setup		199.—
Burial Container		104.—
Handling Fees		114.—
Flower vases – Marker setting fee	R-60013 w/o 5454 $237	
Recording/Filing/Transfer Fees		85.—
Sales taxes		8:06
Total Due		510.06
Paid receipt number	R-59915	510.06
Balance due		Ø

PAID JAN 16 2007 MOUNT

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

Paulette

Invoice # _____

Work Order # E-20035

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

760-435-4387

Jerry McPherson
fax 703-435-4387

E 20035

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need (7 chairs)

Date 12/27/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MRS. JANE WAWYK

in a ASH VAULT (type of burial container) Funeral, date, time Feb 9, ~~11:00~~ 2:00 PM 2007

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 IOOF Section Blk/Row 44 Lot E3 Grave —

Grave space & Care Fund	A-8708 (1955)
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	—
Burial Container	199.—
Handling Fees	104.—
Flower vases – Marker setting fee	114.—
Recording/Filing/Transfer Fees	85.—
Sales taxes	8.06
Total Due	510.06
Paid receipt number	
Balance due	

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold undersigned.

X Bea V. McPherson
Signature

X Bea V. McPherson
Print Name
X 3628 Elderberry Place
Address
X Fairfax, VA 22033
City
X 703-435-4387
Telephone

Paulette

Work Order # E-20035

Invoice # _____

Acct. # _____

MSA-184 (3-94)

This information is available in alternative formats upon request.

Printed on recycled paper

E20035

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Alita Spanjer (Mother of Jane)

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

			HALE			
	HEALS		X		BRADLEY	
				SCHENCK		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: March

Interment space for: MRS. Jane Vawyk Fri 16

Interment Date: ~~Feb 9th 2:00~~ 6.5. Time: ~~2:00 pm~~ Friday 1:00

Div: IOOF Sect: ____ Blk/Row: 44 Lot: E3 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 TOP, MIDDLE

E20035

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 12/27/06 9:40 am

CALL TAKEN BY: Son in Law 703-435-4387

RECEIVED CALL FROM:

- ☐ MORTUARY NAME: _____
- ☒ FAMILY MEMBER / REPRESENTATIVE
  - CONTACT PERSON: _____
  - TELEPHONE NUMBER: _____
  - RELATIONSHIP TO DECEASED: _____

NAME OF DECEASED:

LAST NAME: VaWyk
FIRST NAME: Mrs. Jane ☒ INITIAL: _____
D.O.D. _____ D.O.B. _____
VETERAN: ☐ yes BRANCH OF SERVICE: _____
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: _____ x _____ x _____

FUNERAL SERVICE:
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE
LOCATION OF SERVICE: _____
DATE OF SERVICE: _____ TIME OF SERVICE: _____
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: _____

CEMETERY PROPERTY: ☐ A/N ☐ P/N ☐ P/N Trust

DIV: IOOE SECT: _____ BLK/ROW: 44 LOT: E3 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: on Grave of mother Alida Spanjer.

$ 510.00 N.R. fee
$ 906.00 = 510.00 + 396.00 Sat. fee

E 20035

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
Jane	Alida	VanWyk	05/06/1922	12/18/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Reston	VA	Bea McPherson, Daughter 3628 Elderberry Place Fairfax, VA 22033

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
El Camino Memorial Encinitas 340 Melrose Ave Encinitas, CA 92024	FD 857

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT — Person taking permit ▶	8B. DATE SIGNED
			03/14/2007

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	03/14/2007 C Grier	2700411 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	Vital Records...P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, 3751 Market St San Diego, CA 92102	11B. DATE BURIED 3-16-07	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.

In grave of Frances Bailey & Laurence Bailey

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/27/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Catheryn Bailey ⊗ 230610

in a Ash Vault (Type of Burial Container) Funeral, date, time Mon. Jan 8 AYD

Church, Chapel, Graveside Direct Burial : Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row ~ Lot 39 Grave 3

Grave space & Care Fund E-1364 (1980)	-0
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-59899	510.06
Balance due	-0-

PAID JAN 05 2007

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.

230609

I hereby authorize the interment in lot I hold under deed.

X Bette Estes
Signature

X Bette Estes
Print Name

X 4874 Noyes St
Address

X San Diego, CA 92109
City Zip Code

X 858-483-1838
Telephone

Invoice # _____

Work Order # E-20036

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20036

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Frances & Lawrence Bailey

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

	Abel	Wright	Till			
		Harris	X	Fethelo	White	
					Reavis	

Flagged Yes X No _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Catheryn Estes

Interment Date: AYD Time: _____

Div: 12 Sect: 3 Blk/Row: _____ Lot: 39 Gr: 3

Grave Laid out by: Herman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED MIDDLE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

E20036

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS — VS-11 (REV 3/06)

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)
CATHERYN	LOUISE	BAILEY

AKA: ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months / Days	IF UNDER 24 HOURS Hours / Minutes	6. SEX
12/25/1945	60			F

8. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	9. HOUR (24 Hours)
CA	560-68-3341	YES [ ] NO [x] UNK [ ]	Never Married	FOUND 10/21/2006	UNKNOWN

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
Bachelor's	YES [ ] NO [x]	Caucasian

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
Social Insurance Specialist	Government	34

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 310 O'Neil Court

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
Hercules	Contra Costa	94547	19	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
Bette Estes - Cousin	4874 Noyes St. San Diego, CA 92109

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP - FIRST	29. MIDDLE	30. LAST (BIRTH NAME)
–	–	–

31. NAME OF FATHER/PARENT - FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
Lawrence	Schuler	Bailey	CA

35. NAME OF MOTHER/PARENT - FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
Frances	Catheryn Jane	Hamilton	CA

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
11/08/2006	Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/BU	▶ Not Embalmed	–

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
Wilson & Kratzer Mortuaries - Civic Center Chapel	FD 195	▶ Wendel Brunner MD (PH)	11/07/2006

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
USUAL RESIDENCE	IP [ ] ERVOP [ ] DOA [ ]	Hospice [ ] Nursing home/LTC [ ] Decedent's Home [x] Other [ ]

104. COUNTY	106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	105. CITY
CONTRA COSTA	310 O'NEIL COURT	HERCULES

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events – diseases, injuries, or complications that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) ▶	CARDIAC TAMPONADE	(A?) MINUTES	[x] YES [ ] NO — Referral number 2006-2366
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)	RUPTURE OF ASCENDING AORTA	(B?) MINUTES	109. BIOPSY PERFORMED? [ ] YES [x] NO
(C)	ACUTE AORTIC DISSECTION	(C?) HOURS	110. AUTOPSY PERFORMED? [x] YES [ ] NO
(D)	–	(D?)	111. USED IN DETERMINING CAUSE? [x] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: –

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): –

113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [x] 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 (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy

115. SIGNATURE AND TITLE OF CERTIFIER ▶

116. LICENSE NUMBER	117. DATE mm/dd/ccyy

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

MANNER OF DEATH: [x] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined

120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
[ ] YES [ ] NO [ ] UNK		

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.):

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):

125. LOCATION OF INJURY (Street and number, or location, and city, and zip):

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
▶	10/30/2006	JON E. COX, DEPUTY-CORONER

STATE REGISTRAR	A	B	C	D	E	PAX AUTH.#	CENSUS TRACT

000636847

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA } SS

DATE ISSUED NOV 08 2006

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendel Brunner MD

CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

E 20036

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CATHERYN	LOUISE	BAILEY	12/25/1945	PRD 10/21/2006	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Hercules	Contra Costa	Bette Estes - Cousin 4874 Noyes St. 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 making permit	8B. DATE SIGNED
Wilson & Kratzer Mortuaries Civic Center Chapel - 455 24th St. Richmond, CA 94804	FD 195	▶	11/1/06

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	11/07/2006	▶ Wendel Brunner 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
826 Main St. Martinez, CA 94553	3851 Rosecrans St. San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 1-8-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Kenny	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Rolling Hills Memorial Park 4100 Hilltop Dr. Richmond, CA 94803	12B. DATE CREMATED 11/8/2006	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ W C Hartsuch	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 (15 CHAIRS)

Date 12/27/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frank L Jazo 230603

in a Double-Crypt "A" (Type of Burial Container) Funeral, date, time Weds. Jan. 3 10:00

Church Chapel, Graveside _____ : Humphrey Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row ~ Lot 83 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 (two trion vases @ 65.71 each)	131.42
Recording/Filing/Transfer Fees (pd 4-11-07 AP001374)	65.-
Sales taxes	41.77
Total Due	4028.19
Paid receipt number R-59889	4,028.19
Balance due	Ø

PAID DEC 27 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.

230602

I hereby authorize the interment in lot I hold under deed.

Rosario Jazo
Signature

Rosario Jazo
Print Name

242 20th St
Address

S D (619)
City

CA 658532 92102
Telephone

Zip Code

Invoice # _____

Work Order # E-20037

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20037

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH N/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 Double Depth

	COLONADO	UNKNOWN	X			
	AYALA	JONES		BIVINS	BIVINS	

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 12-28-00

Interment space for: FRANCISCO JAZO

Interment Date: Wed. JAN. 3 Time:

Div: 12 Sect: 3 Blk/Row: Lot: 83 Gr: 4

Grave Laid out by: DAVID N.

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Nunez Date: 12-28-00

CREMAINS WERE PLACED

E20037

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 12/27/06 8:00 am

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: Greenwood 2
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: _____
TELEPHONE NUMBER: _____
RELATIONSHIP TO DECEASED: _____

NAME OF DECEASED:

LAST NAME: Jazo
FIRST NAME: Francisco INITIAL: _____
D.O.D. _____ D.O.B. _____
VETERAN: ☐ yes BRANCH OF SERVICE: _____
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: _____ x _____ x _____

FUNERAL SERVICE:
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE
LOCATION OF SERVICE: _____
DATE OF SERVICE: _____ TIME OF SERVICE: _____
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: _____

CEMETERY PROPERTY: ☐ A/N ☐ P/N ☐ P/N Trust

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: _____

E20037

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
FRANK	LIZOLA	JAZO	10/29/1920	12/24/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROSARIO JAZO, SPOUSE 242 20TH 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
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964	▶ Rm Beaulieu	12/29/2006

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	01/02/2007	▶ 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 1-3-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt 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 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS8e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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 12-29-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Francis Martey

In a Liner (Type of Burial Container) Funeral, date, time January 6, 2007 SAT. 1:00

Church (Chapel), Graveside _____ Anderson-Ruggsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division MAS Section T Blk/Row ~ Lot 27 Grave 10

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees SAT. FEE	851.00
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	4209.93
Paid receipt number	
Balance due	

See E-20045

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-20038

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

pre need trust for two burials

City of San Diego

Date 12/29/06

Pin 227287

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Gerald Ogilvie / Robert Haselips Pin 230601

in a D.D. Crypt. A & B (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row — Lot 65 Grave 5

Grave space & Care Fund E-8167 <1989>	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2@533.-	1066.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2@65.-	130.-
Sales taxes	41.77
Total Due	2,230.77
Paid receipt number AP055697	501.71
AP822845	1729.06
Balance due	1729.06

PAID

DEC 29 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

David Lugo

Work Order # E-20039

Print Name

Address

City Zip Code

Telephone

Invoice # See attached Signature

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20039

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need trust

Date 12/29/06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jim Gerald Ogilvie / Robert Haselips

in a D.D. Crypt. A & B (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row — Lot 65 Grave 5

Grave space & Care Fund	E-8167 <1989>	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2 @ 533.-	1066.-
Burial Container		539.-
Handling Fees		454.-
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	2 @ 65.-	130.-
Sales taxes		41.77
	Total Due	2230.77
DEC 29 2006 Paid receipt number	AP055697	501.71
	AP822845 Balance due	1729.06
		1729.06

I hereby certify I am the above names of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Gerald W. Ogilvie (Signature)

David Lugo

GERALD W. OGILVIE (Print Name)

8030 EASTRIDGE DR (Address)

LA MESA, CALIF 91941 (City, Zip Code)

619-460-7658 (Telephone)

Invoice # _____

Work Order # E-20039

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At need Resident

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/2/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wilbur Beavers 230617

In a TS VAULT (Type of Burial Container) Funeral, date, time Jan, 8, 2007 (mon) 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. Wanda Stevenson

Division 11 Section 2 Blk/Row _____ Lot 84 Grave 4

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	3,507.51
Paid receipt number R-59894	3,507.51
Balance due	0

PAID JAN 2 2007 MOUNT HOPE CEMETERY

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

230616

I hereby authorize the interment in lot I hold under deed.

Wanda Stevenson
Signature

WANDA STEVENSON
Print Name
1030 Angelus AV
Address
SAN Diego 92114
City Zip Code
619 - 464 - 8639
Telephone

Invoice # _____

Work Order # E-20040

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20040

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 TS Vault

		WATKINS				
	WALLEN					
MITCHELL			X		HAIDAR	

Flagged **Yes** X **No** _____

Blind Check Initiated By: KEVIN Date: 1/4/06

Interment space for: WILBUR BEAVERS

Interment Date: MON JAN 8 Time: 1 PM

Div: 11 Sect: 2 Blk/Row: _____ Lot: 84 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 _____

E20040

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILBUR	DEAN	BEAVERS	09/15/1948	12/30/2006	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	WANDA L STEVENSON, SISTER 1030 ANGELUS 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		01/03/2007

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	01/04/2007	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 1-8-07	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.

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 Resident

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/2/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gwendolyn Ross 230605

in a Liner Type of Burial Container Funeral, date, time Thurs. Jan 4, 2007

Church, Chapel, Graveside 10:00 AM ; 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. * 16 Chairs Requested

Division Mas Section B Blk/Row _____ Lot 4 Grave 13

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	JAN 02 2007
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
Mortuary to pay Total Due	$ 3359.93
Paid receipt number R-59897	3,358.93
Balance due	0.

I hereby certify I am the [signature] (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.

230604

I hereby authorize the interment in lot I hold under deed.

[signature]

* SHANNON M. ROSS
Print Name

5811 GREYCOURT AVE
Address

SD 92113
City Zip Code

619 2183133/6658529
Telephone

Invoice # _____

Work Order # E-20041

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20041

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 ~~Double Depth~~ LINEL

			X			Summer

Flagged **Yes** X **No** _____

Blind Check Initiated By: KEVIN Date: 1/3/17

Interment space for: Gwendlyn Ross

Interment Date: JAN 4 Time: 10AM

Div: Mas Sect: B Blk/Row: ____ Lot: 4 Gr: 13

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 20041

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

49

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GWENDOLYN	DENISE	ROSS	10/01/1957	12/28/2006	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	SHANNON ROSS JR, SPOUSE 5811 GREYCOURT 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		01/02/2007

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	01/03/2007	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 1-4-7	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.12/04)

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 fees.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/2/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alexa Schmitz 230607

in a Liner (Type of Burial Container) Funeral, date, time Friday Jan 5 @ 9:00

Church, Chapel/Graveside _____ : Claremont 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. Leslie Prunetti

Division MAS Section M Blk/Row _____ Lot 17 Grave 8

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 receipt number R-59895	3,358.93
Balance due	0

PAID JAN 02 2007 MOUNT

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. 227378

I hereby authorize the interment in lot I hold under deed.

Signature Leslie Prunetti

Leslie Prunetti (Print Name)
P.O. Box 47 (Address)
Columbia, CA 95310 (City, Zip Code)
209-533-1465 (Telephone)

Invoice # _____

Work Order # E-20042

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20042

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

			John Donell			
		Nix Alonzo	x	Selina Mallard		
			Grace Fertus			

Flagged **Yes** Y **No** _____

Blind Check Initiated By: KEVIN Date: 1/3/07

Interment space for: Alexa Schmitz

Interment Date: Jan 5 Time: 9:00

Div: MAS Sect: M Blk/Row: _____ Lot: 17 Gr: B

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 _____

E20042

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALEXA	ANDREA	SCHMITZ	08/17/1958	12/27/2006 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	LESLIE PRUNETTI, SISTER P.O. BOX 47 COLUMBIA, CA 95310

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person obtaining permit	8B. DATE SIGNED
CLAIREMONT MORTUARY, 4266 MT ABERNATHY AV SAN DIEGO, CA 92117	FD1126		01/04/2007

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	01/04/2007	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 1-5-7	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.)

ARRIVED LATE 3:20pm
At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-3-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paul Anderson Pin 230618 1:00

in a Liner (Type of Burial Container) Funeral, date, time Thurs. January 4, 07

(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 $ 813-

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row ~ Lot 85 Grave 9

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases ~~Marker setting fee~~ R-59896 Late Arrival fee	178.-
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3536.93
Paid receipt number R-59896	3,536.93
Balance due	Ø

PAID
JAN 02 2007

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin 230618

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-20043

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20043

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

	H	HcBUM	RAMOS	PHILLIPS		
	FAMILY	JACKSON BROWN	X			
				THOMPSON		

Flagged Yes X No

Blind Check Initiated By: LEVIN Date: 1/3/07

Interment space for: Paul Anderson

Interment Date: 1-4-07 Time: 100

Div: 12 Sect: 1 Blk/Row: ____ Lot: 85 Gr: 9

Grave Laid out by: Norman Enriquez

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20043

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

59

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PAUL	LLOYD	ANDERSON SR	04/14/1947	12/28/2006	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	PAUL L ANDERSON JR, SON 318 SAWTELLE 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		01/02/2007

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
		11.00	01/03/2007	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 1-4-07	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.

COPY 1 — 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.)

E20043

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

TELEPHONE: 619-527-3400

STATEMENT

DATE	YOUR ORDER NO.
1/8/2007	E-20043

TO:

PAUL L. ANDERSON JR.
318 SAWTELLE AVENUE
SAN DIEGO CA 92114

DESCRIPTION OF CHARGE	AMOUNT
To Mr. Anderson, a service was held at Mt. Hope Cemetery for Mr. Paul Lloyd Anderson Sr. on January 4, 2007. The family cars arrived at Cemetery after the regular work scheduled time, at 3:20pm. There is a late arrival fee in the amount of $213.00 due.	$213.00

Thank you,

Paulette Crawford CAII

Paulette Crawford

mailed 1-8-07

WESTERN UNION | MONEY ORDER

E20043

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Greenwood Village, Colorado

08-679995381

AGENT 732318 DATE 010907
TIME 1152 01
0867999538 16 LOCATION 000000

178.00

** PAY EXACTLY ONE HUNDRED SEVENTY-EIGHT DOLLARS AND NO ****
CENTS **********

PAY TO THE ORDER OF MT. Hope Cemetery

PAYMENT FOR/ACCT #

280 Encinitas Ave SD.CA. 92114

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⑆ 400867999538 16⑈

E20043

Late arrival
fee to be
Pd 1/17/07 ~~213~~ 10
178
Due → 35.00

HAVE PAUL
SIGN INTERNIT

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 1-3-2007

(E-20044A Pin 230619) (E-20044B Pin 230620)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yana Rodriguez and Mare Rodriguez still born 11:00

in a O-Liner Funeral, date, time Friday January 5, 2007

Type of Burial Container

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 762 Grave 1

Grave space & Care Fund	142.-
Overtime/Late Arrival Fees	-
Opening/Closing & Setup	-
Burial Container 24" L x 11" W Vault Liner	-
Handling Fees	36-
Flower vases – Marker setting fee	-
Recording/Filing/Transfer Fees 2 @ 65 each	130.-
Sales taxes	6.12
Total Due	542.12
Paid receipt number Visa AP020231	542.12
Balance due	0

PAID JAN 03 2007 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

N 09/16/94 11-09

X _____
Print Name

_____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E-20044 Acct. # _____

REA-104 (3-04) *This information is available in alternative formats upon request.*

Printed on recycled paper

E 20044

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 _____

	Laliberte					
	Leticia		X			
			Lancaster		Gray	Dinkin

Flagged **Yes** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Yana Rodriguez / mare rodriguez

Interment Date: 1-5-07 Time: Friday 5th 11:00 6.$

Div: 9 Sect: 1 Blk/Row: _____ Lot: 762 Gr: 1

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 20044

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARE	ANNA	RODRIGUEZ	12/28/2006	12/28/2[illegible]	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	RAHEMA CARTER;MOTHER 5011 AUBURN DRIVE, APT.D SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD.,SAN DIEGO, CA 92102	FD-1329	Sunnika Pryor	01/04/2007

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	S.PRYOR 01/05/2007	2700025

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY: 3751 MARKET STREETM SAN DIEGO, CA 92102	11B. DATE BURIED: 1-5 7	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.

E20044

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YANA	YADIRA	RODRIGUEZ	12/28/2006	12/28/[illegible]	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	RAHEMA CARTER: MOTHER 5011 AUBURN DRIVE, APT.D SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO,CA 92102	FD-1329	▶ Sandra Pryor	01/04/2007

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	S.PRYOR 01/05/2007 ▶	2700028

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SANDIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] 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 1 5 7	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need res fee

Date 1-3-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FRANCIS MARTEY Pin 230615

in a LINER (Type of Burial Container) Funeral, date, time SAT. JAN. 6 2007 11:00

Church, Chapel, Graveside _____ ; Anderson-Rags dale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $213.- Kevin will be applied and billed to undersigned. _____

Division MAS Section T Blk/Row _____ Lot 27 Grave 12

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees SATURDAY FEE	85.-
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	4,209.93
Paid receipt number R-59900	4,209.93
Balance due	0

PAID
JAN 04 2007
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 20045

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20045

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

Mende	Dr Mende		X		West West	

Flagged **Yes** X **No** ____

Blind Check Initiated By: KEVIN Date: 1/4/7

Interment space for: Francis Martey

Interment Date: 1-6-07 Time: 1:00 GS.

Div: MAS Sect: T Blk/Row: ____ Lot: 27 Gr: ~~10~~ 12

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 ____

E20045

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

57

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRANCIS	T.	MARTEY	06/14/1949	12/17/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
COLTON	SAN BERNARDINO	HARRISON OPATA, BROTHER 1900 SURREYHILL CIRCLE LAWRENCEVILLE, GA 90044

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

PM 23060

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.

8A. SIGNATURE OF APPLICANT – Person filing permit ▶ Sienn Kathyo

8B. DATE SIGNED: 01/03/2007

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN 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	01/04/2007	▶ ERIC K FRYKMAN, 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 BERNARDINO HEALTH DEPARTMENT 340 NORTH MOUNTAIN VIEW AVENUE SAN BERNARDINO, CA 92415-0010	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 1-6-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Kamyn
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. 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.)

E20045

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRANCIS	T.	MARTEY	06/14/1949	12/17/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
COLTON	SAN BERNARDINO	HARRISON OPATA, BROTHER 1900 SURREYHILL CIRCLE LAWRENCEVILLE, GA 90044

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person asking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	12/27/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN 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	12/28/2006	▶ ERIC K FRYKMAN, 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 BERNARDINO HEALTH DEPARTMENT 340 NORTH MOUNTAIN VIEW AVENUE SAN BERNARDINO, CA 92415-0010	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
TRANSIT	

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 –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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 MARY AMAMOR, ACCRA INTERNATIONAL AIRPORT, GHANA 011-244-72805	14B. 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.)

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MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Head

Date 12-29-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Francis Martey

in a Liner (Type of Burial Container) Funeral date, time January 6, 2007 SAT 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 MAS Section T Bk/Row _____ Lot 27 Grave 10

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees SAT. FEE	851.00
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	4209.93

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E-20038

HEA-104 (3-04)

This information is available in alternative formats upon request.

See E-20045

E20045

1-9-07 E20045
Mortuary still
has not sent the
signed interment
order.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

100 yds
10 mos.

or need

Date 1-5-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose A. Puentes Pin 230627 10:00

in a T.S. Vault (Type of Burial Container) Funeral, date, time Thurs. January 11, 2007

Church, (Chapel) Graveside _____ : Humphreys & V. Mortuary. JM

All Funeral cars must arrive 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 251 Grave 4

Grave space & Care Fund	3011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	472.00
Handling Fees	350.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	36.58
Total Due	4,662.58
Paid receipt number R-39409	4,662.58
Balance due	0

PAID
JAN 09 2007
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.

Pin 230626

I hereby authorize the interment in lot I hold under deed.

X Sylvia T. Puentes
Signature

X SYLVIA T. PUENTES
Print Name

X 227 W. AVE. PALIZADA
Address

SAN CLEMENTE 92672
City Zip Code

X (949) 361-6955
Telephone

Paulette

Work Order # E 20046

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20046

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

		VARNER				
			X			

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 1/9/07

Interment space for: Jose A. Puentes

Interment Date: 1-11-2007 Time: 10:00 am

Div: 12 Sect: 2 Blk/Row: ____ Lot: 251 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 ____

E20046

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10D

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSE	AVILA	FUENTES	03/03/1906	01/03/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LAGUNA HILLS	ORANGE	SYLVIA FUENTES - DAUGHTER 227 W. AVENIDA PALIZADA, APT. A SAN CLEMENTE, CA 92672

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking control	8B. DATE SIGNED
HARBOR LAWN - MT. OLIVE MORTUARY 1625 GISLER AVE. COSTA MESA, CA 92626	FD 1341	▶ [signature]	01/08/2007

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.75	R. BELCHER 01/09/2007	2817G ▶ ERIC G. HANDLER, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 284 SANTA ANA, CA 92702-0234	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 1-5-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ferlia A. Haynes-Jackson 208482

in a Liner (Type of Burial Container) Funeral, date, time Weds Jan. 17th 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 $ 218.- will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 51 Grave 11

Grave space & Care Fund E-16086	0
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-59910	1094.93
Balance due	0

PAID JAN 11 2007 MOUNT HOPE CEMETERY

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

230636

I hereby authorize the interment in lot I hold under deed.

X _____
Signature

X Robert Haynes Sr.
Print Name

X 136 N. Royal Oak Dr.
Address

X San Diego CA 92211
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 20047

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20047

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

		PEARSON	PEARSON			
	NEHLENZ		X	ROSS	SMITH	
			McCLEA	CHANT		

Flagged **Yes** X **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Ferlia A. Haynes-Jackson

Interment Date: 1-10-07 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: _____ Lot: 51 Gr: 11

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 _____

E20047

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

52

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FERLIA	A.	HAYNES-JACKSON	01/19/1954	01/05/2007	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	ROBERT HAYNES SR, FATHER 136 N.ROYAL OAK DRIVE SAN DIEGO, CA 99211

7A. TYPED NAME AND ADDRESS OF 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	Glenn Hathaway	01/09/2007

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
11.00	01/09/2007	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
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 1-17-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Jamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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

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At-need

S.D. Res

AGE 56

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/8/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samuel Cook Pin 230622

In a Liner (Type of Burial Container) Funeral, date, time 1/9/07 Tues. 1:00

Church, Chapel Graveside ; SD Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 11 Grave 4

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	65.00
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R-59903	3,358.93
Balance due	0

PAID JAN 08 2007 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 230621

I hereby authorize the interment in lot I hold under deed.

X Irma M. Cook
Signature

X IRMA M. COOK
Print Name

X 240 St. 46th St.
Address

X San Diego Ca. 92113
City Zip Code

X Irma M. Cook
Telephone

Paulate/David

Work Order # E 20048

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20048

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

	VANA R.	STRONG	X	SMITH	HARRISON	
	STRONG		BROWN		CLARK	

Flagged Yes X No _____

Blind Check Initiated By: KEVIN Date: 1-8-06

Interment space for: Samuel COOK

Interment Date: 1-9-07 Time: 1pm

Div: 12 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: _____ Date: _____

CREMAINS WERE PLACED _____

E20048

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SAMMY	D	COOK	09/03/1940	12/29/2006	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	IRMA COOK, SPOUSE 240 S 46TH 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
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575		01/09/2007

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	01/09/2007	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 1-9-07	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.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9a (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 child

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/8/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Esmeralda Ibañez Coba 230634

in a _____ (Type of Burial Container) Funeral, date, time Sat, Jan 13 9.00 am

Church, Chapel, Graveside Church : Guadalupana Mortuary. 619-544-9733

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ N/A will be applied and billed to undersigned. _____

Division 9 Section 3 Blk/Row _____ Lot 35 Grave 1

Grave space & Care Fund	277.00
Overtime/Late Arrival Fees	851.00
Opening/Closing & Setup	277.00
Burial Container	135.00
Handling Fees	71.00
Flower vases – Marker setting fee	85.00
Recording/Filing/Transfer Fees	
Sales taxes	10.46
Total Due	1,636.46
Paid receipt number AP 040259	1,636.46
Balance due	65.00

PAID JAN 08 2007 MOUNT HOPE CEMETERY

I hereby certify I am the Uncle of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 230633

I hereby authorize the interment in lot I hold under deed.

Jose Castellanos
Signature

Jose Castellanos
Print Name
702 N. Midway Dr.
Address
Escondido Ca 92027
City Zip Code
(760) 233-1738
Telephone

Work Order # E 20049

Invoice # _____

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

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 #2

			X			

Flagged Yes X No

Blind Check Initiated By: Paulette Date: 1/13/07

Interment space for: Esmeralda Ibañez Coba

Interment Date: 1/13/07 Time: 9:00 AM

Div: 9 Sect: 3 Blk/Row: ____ Lot: 35 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No 5'-4"

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ESMERALDA	-	IBANEZ-COBA	11/12/2000	01/07/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CIUDAD OBREGON	MEXICO	ALFONSO IBANEZ-UNCLE 30498 IRONBARK CT TEMECULA,CA,92591

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE SAN DIEGO,CA,92102	FD-1425		11/12/2007

ACKNOWLEDGEMENT OF APPLICANT – I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	AURORA CHAVEZ 01/12/2007	2700065

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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,92186-52222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING – REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO,CALIFORNIA,92102	11B. DATE BURIED 1-13-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kurt F Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 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 Jan. 8, 2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juanita Arnold Pin 230625

in a liner (Type of Burial Container) Funeral, date, time Thurs, Jan. 11, 2007

Church (Chapel) Graveside 11:00 a.m. : Cal Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 80 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 receipt number R-59911	3,358.93
Balance due	0

PAID JAN 10 2007 MOUNT

MOT. 2 - Pay

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Dolores Barbour
Signature

Pin 230624

Dolores Barbour
Print Name

234 68th St.
Address

S.D. CA 92114
City Zip Code

619-266-8200
Telephone

El Cajon office

Work Order # E 20050

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20050

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

	PERKINS					
THOMPSON		RAY	X	YOUNG		
ROSE						

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 1/9/07

Interment space for: Juanita Arnold

Interment Date: 1-11-07 Time: 11:30 Chapel

Div: II Sect: 2 Blk/Row: — Lot: 80 Gr: 6

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 20050

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
JUANITA	LAVERNE	ARNOLD	08/19/1939	01/05/2007	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	DANITA LACY, DAUGHTER 6957 ALCONA ST #81 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
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	Danita Lacy	01/10/2007

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	01/10/2007	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 1-11-07	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.12/04)

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.)

619 884-4570
Dolores

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61647

Date: May 7, 20 09

From: Dolors Barboor TRUST Address: 234 68th ST SD 92114

One hundred seventy eight — 11/XX Dollars ($ 178)

in _____ Payment of Marker Installation Juanita Arnold

Div 11 Sec 2 Blk/Row _____ Lot 80 Grave 6

Invoice No. E-20050

Acct. No. _____

W.O. _____

BALANCE DUE ~~0~~

☐ Money Order
☐ Charge
☒ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAY 07 2009

MOUNT HOPE CEMETERY

ISSUED BY Maria

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	178	00
Misc. Fees	77183		
Sales Tax	80101		
	78390		
TOTAL PAID	$	178	00

AC-212A (11-08)
This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-8-07

At Need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ISEN Iguchi #230632

in a DD CRUPT "B" (Type of Burial Container) Funeral, date, time Saturday 1/13 11:00

Church, Chapel, Graveside _____ ; Community Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 5151 Grave _____

Grave space & Care Fund	E-14101	0
Overtime/Late Arrival Fees	SAT. Fee pd R-59905 (85.00) JAN 0 8 2007	—
Opening/Closing & Setup		533.—
Burial Container	MOUNT	—
Handling Fees		
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		65.—
Sales taxes		
Total Due		598—
Paid receipt number	R-59904	598.—
Balance due		0

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X [signature]
Signature

3884 Nobel Dr.
SD CA.

Paulette

Work Order # E 20051

X Ron Iguchi 230631
Print Name

X 9 Primrose Pl.
Address

X Chula Vista 91910
City Zip Code

X (619) 585-3925
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20051

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH HARUYO Iguchi "A" "Male"

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 "B"

		TOKUHALO	X			
		[illegible]	[illegible]			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 1/9/07

Interment space for: JEN Iguchi " Female "

Interment Date: Sat. Jan 13 Time: 11:00 Chapel

Div: 10 Sect: _____ Blk/Row: _____ Lot: 5151 Gr: 1

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 _____

E20051

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS $3

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ISEN	-	IGUCHI	02/06/1923	01/05/2007	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	RONALD IGUCHI, SON 9 PRIMROSE PLACE 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	Robert Humphrey	01/10/07

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	01/10/2007	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 SAN DIEGO, CA 92102	11B. DATE BURIED 1-13-07	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.

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 Jan. 9, 07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Roland Shumway 230638

in a double depth "A" Type of Burial Container Funeral, date, time Wed. Jan. 17. 1200

Church, Chapel, Graveside St Luke's : 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. MDV

Division 11 Section 2 Blk/Row ____ Lot 25 Grave 1 MDV

Grave space & Care Fund	2,264
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.
Burial Container	539.
Handling Fees	454.
Flower vases – Marker setting fee	65.
Recording/Filing/Transfer Fees	
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number R-59909	3,896.77
Balance due	Ø

PAID

JAN 09 2007

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.

230637

I hereby authorize the interment in lot 11 held under deed.

Signature Lauren Shumway Matthias

Print Name LAUREN SHUMWAY MATTHIAS

Address P.O. Box 84815

City SAN DIEGO 92138 Zip Code

Telephone (619) 282-9069

DAVID

Work Order # E 20052

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20052

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

			Cooper			
		Harpin				
			X			
		Jesterson			Shine	Shine

Flagged **Yes** ✓ **No** ____

Blind Check Initiated By: Paule Date: ____

Interment space for: George Shumway

Interment Date: Weds - Jun 17th Time: noon Chapel

Div: 11 Sect: 2 Blk/Row: ____ Lot: 25 Gr: 1

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20052

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 83

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GEORGE	ROLAND	SHUMWAY	01/14/1923	01/08/2007	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 SHUMWAY, SPOUSE 4455 PT. LOMA AVENUE SAN DIEGO, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT (Person taking permit)	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA, CA 91911	FD1682	▶ [signature]	01/10/07

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	01/10/2007	▶ 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 SAN DIEGO, CA 92102	11B. DATE BURIED 1-17-07	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

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

City of San Diego

pin# 178162 178163

Date Jan 9, 2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred & Stella Krenning &

in a ASHVAULTS (Type of Burial Container) Funeral, date, time 1/16/2007 Tues.

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. _____ MDL MOL

Division 11 Section 2 Blk/Row _____ Lot 24 Grave 6

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149
Burial Container	
Disinternment Handling Fees	497
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	646.00
Paid receipt number R-59403	646.00
Balance due	Ø

PAID JAN 09 2007 MOUNT HOPE

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Dorothy F Shumway
Signature

DOROTHY F SHUMWAY
Print Name

4455 POINT LOMA AVE
Address

SAN DIEGO 92107
City Zip Code

223 8625
Telephone

DAVID

Work Order # E 20053

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

David Moreno

E20053

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 ASH VAULTS - 2

			HARRIS			
	THOMAS		X			FLETCHER

Flagged **Yes** X **No** _____

Blind Check Initiated By: KEVIN Date: _____

Interment space for: FRED + STELLA KRENNING

Interment Date: _____ Time: _____

Div: 11 Sect: 2 Blk/Row: _____ Lot: 24 Gr: ~~3~~ 6

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 _____

E20053

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF

Fred Krenning (x)
Stella Krenning (x)

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of and have the right to make this authorization, and that they are related to the decedent as indicated below. THE UNDERSIGNED FURTHER AGREE TO DEFEND, INDEMNIFY, PROTECT AND HOLD THE CITY OF SAN DIEGO AND ITS AGENTS, OFFICERS, AND EMPLOYEES HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS ASSERTED OR LIABILITY ESTABLISHED FOR DAMAGES OR INJURIES TO ANY PERSON OR PROPERTY, which arise from or are connected with and are caused or claimed to be caused by the disinterment of and all expenses of investigating and defending against same; provided, however, that the undersigned's duty to indemnify and hold harmless shall not include any claims or liability arising from the established sole negligence or willful misconduct of the City of San Diego, its agents, officers, or employees.

The burial site for is identified as:

Lot 70 Grave 37 Section 2 Division 11

We acknowledge that we have been advised that the remains of may not be present and/or intact.

SIGNATURE(S)	RELATION TO DECEASED
Dorothy F Shumway	DAUGHTER

WITNESSED BY

1/9/2007
DATE

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need Non-res.

Date 1-9-2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOUIS TEINCUFF 230645

In a Double-Depth "A" Type of Burial Container Funeral, date, time Saturday Jan. 13 9:30

Church, Chapel, Graveside ____ : Erickson-Anderson Mortuary. 619 466-3297

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. ____

* See back.

Division MA 3 Section C Blk/Row ____ Lot 4 Grave 3

Grave space & Care Fund D-85	0
Overtime/Late Arrival Fees SAT. FEE	1,133.-
Opening/Closing & Setup	708.-
Burial Container	717.-
Handling Fees	604.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	55.57
Total Due	3,302.57
Paid receipt number R-59913	3,302.57
Balance due	0

PAID JAN 10 2007

I hereby certify I am the X Spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 230644

I hereby authorize the interment in lot I hold under deed.

X Carolyn Teincuff
Signature

X Carolyn Teincuff
Print Name

X 4376 Harbinson Ave
Address

X La Mesa CA 91941
City Zip Code

X (619) 469-9994
Telephone

fax 619/466-9645

Work Order # E 20054

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

* Exchanged LOTS due to tree
DIV 10 LOTS 3248
3249

For:
MASONIC
Section C
LOTS 2 & 3

E 20054

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 O.B. "A"

	ALLEN			LAWSING		
			X			
	WITHERS					

Flagged Yes X **No**

Blind Check Initiated By: KEVIN Date: 1/11/07

Interment space for: LOUIS TEINCUFF

Interment Date: 1-13-07 (SAT) Time: 9:30 GRAVESIDE

Div: MAS Sect: C Blk/Row: ____ Lot: 4 Gr: 3

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 20054

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

74

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOUIS	GENE	TEINCUFF	11/16/1932	01/08/2007	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	CAROLYN TEINCUFF, WIFE 4376 HARBINSON 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
EL CAMINO MEMORIAL - LA MESA, 8390 ALLISON AVE SAN DIEGO, CA 91941	FD-296	▶ Lisa Castro	01/11/2007

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	01/11/2007	▶ 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 1-13-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jennings	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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.)

AT need child

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-10-2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Esmeralda Ibañez Coba 230634

in a #2 Liner (Type of Burial Container) Funeral, date, time Sat. Jan 13 900am

Church, Chapel, Graveside Church ; Guadalapana Mortuary.

All Funeral cars 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 3 Blk/Row ~ Lot 35 Grave 1

Grave space & Care Fund	369.-
Overtime/Late Arrival Fees SAT. OT. FEE	472.-
Opening/Closing & Setup	369.-
Burial Container	181.-
Handling Fees	94.-
Flower vases vase - Marker setting fee $16.00 marker Inst. Pd 1/31/07	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	14.03
Total Due	1,584.03
Paid receipt number Visa AP 040289	1,621.46
Balance applied to marker ~~Balance due~~	37.43

I hereby certify I am the x 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.

230635

I hereby authorize the interment in lot I hold under deed.

[signature]
Signature

x Moises Ibanes
Print Name

x 1886 Petaluma Dr
Address

x Chula Vista CA 91913
City Zip Code

x 619 421-2151
Telephone

Cell 708-3932

Invoice # _____

Work Order # E 20055

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20055

MOISES Ibanez
1886 Petaluma Dr
Chula Vista CA 91913

tel 619-421261
Cell 619-708 3932

230635

1,133.
851 overtime
282
171.64
$553.64

1621.46

701.31 Non Res
527.67 Resident
173.64

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

on grave of Mary Jorretta Johnson

Date 1-10-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Graves @ Pin 230628

in a Ash Urn Type of Burial Container Funeral, date, time Friday, Jan 12, 230

Church, Chapel, Graveside CA Burial Mortuary.

619-286-0017

All Funeral cars must arrive 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 57 Grave 1

Grave space & Care Fund	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-59914	384.12
Balance due	0

PAID JAN 10 2007 MOUNT 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
_____ Telephone

See attached paperwork for Signature

Invoice # _____

Work Order # E 20056

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pamela Graves
Sister
317-590-6487

E 20056

MT HOPE CEMETERY

No Stone

GRAVE BLIND CHECK FORM

IN GRAVE WITH Mary Joretta Johnson full body

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

		Jackson	x	Lamb		
		Tram		Edwards		

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette Date: 1/10/07

Interment space for: John Groves ⊗

Interment Date: 1-12-2007 Time: 2:30

Div: 12 Sect: 1 Blk/Row: — Lot: 157 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED UNDER MARKER

E20056

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 1/8/07

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: CA - Burial - Torrey
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: 286-9017
TELEPHONE NUMBER: Pamela Grove
RELATIONSHIP TO DECEASED: 317-590-6287

NAME OF DECEASED:

LAST NAME: Graves Torrey
FIRST NAME: John INITIAL:
D.O.D. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: G.S. x 38 x 12

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: Friday 2:30

CEMETERY PROPERTY: ☐ A/N ☐ P/N ☐ P/N Trust

DIV: 12 SECT: 1 BLK/ROW: V LOT: 157 GR: 1
☐ SINGLE GRAVE ☐ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:
TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS:

In grave with mother Mary Joretta Johnson

E 20056

MT. ~~HOPE~~ CEMETERY

INTERMENT ORDER

City of San Diego

on grave of
Mary Joretta Johnson

Date 1-10-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Groves Pin 230628

in a Ash Vault (Type of Burial Container) Funeral, date, time Friday, Jan 12, 23

Church, Chapel, Graveside CA Burial 619-280-0017 Mortuary

All Funeral cars must arrive 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 157 Grave 1

Grave space & Care Fund	PAID	-0-
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	JAN 10 2007	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-59914		384.12
Balance due		0

I hereby certify I am the X SISTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Pamela Summers
Signature

X Pamela Summers
Print Name

X 6453 Amick Way
Address

X Indianapolis IN 46268
City Zip Code

X 317-251-1147
Telephone

Invoice # _____

Work Order # E 20056

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E20056

72

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 7844-0

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
J[redacted]	KENT	GROVES	12/04/1934	01/04/2007	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	PAMELA SUMMERS, SISTER 6453 AMICK WAY INDIANAPOLIS, IN 46268

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person [illegible]	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	Victoria Mitchell	1/10/07

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed listed herein is on of the dispositions authorized by Section 102855 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	01/10/2007	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 OUTSIDE OF CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
DISINTERMENT/BU	

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 1-12-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SCC	12B. DATE CREMATED 1-11-07	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION

ABLE ITEMS

12D. DATE RECEIVED 12E. SIGNATURE OF PERSON IN CHARGE OF FACILITY

97 E20056

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 7844-03

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	KENT	GROVES	12/04/1934	01/04/2007	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	PAMELA SUMMERS, SISTER 6453 AMICK WAY INDIANAPOLIS, IN 46268

7A. 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
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	Victoria Mitchell	1/10/07

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
11.00	01/10/2007	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
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 1-12-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SCC	12B. DATE CREMATED 1-11-07	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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 8740.)

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 1-12-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Concepcion Berlanga Pin 206675 10am

in a T.S. Vault (Type of Burial Container) Funeral, date, time Tues. Jan. 16, 2007

Church, Chapel/Graveside ; Cypress View Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section A Blk/Row A Lot 5244 Grave A

Grave space & Care Fund D-7432 <1976>	0
Overtime/Late Arrival Fees JAN 16 2007	—
Opening/Closing & Setup	533 —
Burial Container	355.—
Handling Fees	263.—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	63.—
Sales taxes	27.51
Total Due	$ 1243.51
Paid receipt number R-599160	1,243.51
Balance due	0

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X Adrian Berlanga Print Name

X 7226 Brookhaven Address

X S.D. CA. 92113 City Zip Code

X (619) 292-2650 Telephone

Invoice # _____

Work Order # E 20057

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20057

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 VAULT

	CASTANEDA	CASTANEDA	X	FACILITIES		

Flagged **Yes** X **No** _____

Blind Check Initiated By: KEVIN Date: _____

Interment space for: Concepcion Berlanga

Interment Date: TUES 1/16/07 Time: 11am

Div: 10 Sect: _____ Blk/Row: _____ Lot: 5244 Gr: 1

Grave Laid out by: Norma Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

ORDER E20057 MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-2 1976

CHARGE Concepcion Berlanga

ADDRESS 7126 Windward St. 92114

NAME OF DECEASED Bee Need

OWNER

ADDRESS Same

MORTUARY

LOT 5244 GR ROW SEC ~~BLK~~ DIV 10	350	00
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION VET.		
TOTAL	350	00
PAID RECEIPT NUMBER 23956	350	00
BALANCE		

Regulation Monument

PAID
OCT 2 1976
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

350 00
70
280

8674

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY Mr Belanga

ORDER TAKEN BY [signature]

W.O. NO. D 7432

INVOICE NO. CASH

FORM PR-974 REV.

E20057

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
CONCEPCION	-	BERLANGA	06/22/1929	01/11/2007	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	ADRIAN BERLANGA, SON 7226 BROOKHAVEN RD SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-IMPERIAL AVE, 3953 IMPERIAL AVE SAN DIEGO, CA 92113	FD-670	▶ Lisa Austin	01/12/2007

ACKNOWLEDGEMENT OF APPLICANT – I hereby acknowledge as applicant that the proposed listed 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	01/16/2007	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 1-16-07	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.12/04)

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 1/11/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maleike King Pin 239647

in a 0-Liner Type of Burial Container Funeral, date, time Mon, Jan 22 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 $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 521 Grave 1

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 VS # AP 356719	527.67
Balance due	0

PAID

JAN 18 2007

MOUNT HOPE CEMETERY

Armed forces DD3 2-13 84

11-18-2007

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.

Lena King
Signature

Lena King Pin 230640
Print Name
1225 Broadway #1102
Address
Chula Vista 91911
City Zip Code
619-852-1473
Telephone

Invoice # _____

Work Order # E 20058

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20058

Father
(San Diego based)

E 20058

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

				Alvarado		
			X			
Lolliberte						

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette Date: 1/18

Interment space for: Malaike King

Interment Date: 01-22-07 Time: 1:00

Div: 9 Sect: 1 Blk/Row: ____ Lot: 21 Gr: 1

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 ____

E20058

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

0-days

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MALEIKE	JEAN Juan	KING	01/08/2007	01/08/2007	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	LENA ROSE PARKER: MOTHER 1225 BROADWAY, #1102 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 DEIGO, CA 92102	FD1329	▶ Shunka Pryor	01/12/2007

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	S.PRYOR 01/22/2007	2700068 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 1-22-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Noriega
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 1-12-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TAGIVALE SOKIMI

in a Liner (Type of Burial Container) Funeral, date, time MON January 29, 2007

Church, Chapel, Graveside _____ : CA Burial Mortuary. 619-229-2547 Claudette

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 238 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	3,358.93
Paid receipt number	
Balance due	

PD

See E-20059

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 20059

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT need

Date 1-16-07

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lorraine Taylor 230641

in a Liner (Type of Burial Container) Funeral, date, time Friday Jan 19, 2007 11:00

Church, Chapel, Graveside _____ : CA BURIAL Mortuary.

619) 286-0017 El Cajon Blvd

All Funeral cars 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 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	10.46
Total Due	1679.46
Paid receipt number R-59928	-938.00
R-59927	-500.00
R-59924	-200.00
Balance due R-59925	-25.00
R-59926	-20.00

PAID JAN 18 2007

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.

+3.54 over

230640

I hereby authorize the interment in lot I hold under deed.

Darcell Taylor Jefferson
Print Name

Darcell R. Taylor-Jefferson
Signature

7435 Skyline Drive
Address

San Diego, CA 92114
City Zip Code

(619) 527-3717
Telephone

Don't allow any markers down accept the husbands approval.

Paulette

Invoice # _____

Work Order # E 20060

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20060

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

Collins			X		Limbrick	
Kesselaux				Horace		
		✓				

Flagged **Yes** _____ **No**

Blind Check Initiated By: Paulette Date: 1/18

Interment space for: Lorraine Taylor

Interment Date: 1/19/07 Time: 11:00 Church

Div: 11 Sect: 2 Blk/Row: _____ Lot: 3 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 _____

E20060

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: Lorraine Taylor

Address: 5641 Imperial Ave # 203

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.

Darcell R. Taylor-Jefferson 1-17-07

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 1/17/07

Approved by Date

Current ESI documents verified on:
Approved By PC
Date 1/17/07

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

E20060

Social Security Administration

Date: January 9, 2006
Claim Number: 549-64-8501A

1BEV010068147 0.348 MB 0.326 T00000029

LORRAINE TAYLOR
P O BOX 740514
SAN DIEGO CA 92174-0514

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 Current Social Security Benefits

Beginning December 2005, the full monthly Social Security benefit before any deductions is $ 907.60.

We deduct $88.50 for medical insurance premiums each month.

The regular monthly Social Security payment is $ 819.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

From December 2004 to November 2005, the full monthly Social Security benefit before any deductions was $ 871.90.

We deducted $78.20 for medical insurance premiums each month.

The regular monthly Social Security payment was $ 793.00.
(We must round down to the whole dollar.)

Date of Birth Information

The date of birth shown on our records is August 22, 1946.

Medicare Information

You are entitled to hospital insurance under Medicare beginning December 2001.

See Next Page

E20060

60

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LORRAINE	-	TAYLOR	08/22/1946	01/12/2007	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	JAMES TAYLOR, HUSBAND 5641 IMPERIAL AVE #203 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	Victoria Mitchell	1/18/07

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	01/18/2007	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 1-19-07	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 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.)

yes stone
yes room for second name.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

A+ need
* Double Ash plot

Date 01/16/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lewis Gary Miller @ 230687

In a ASH VAULT (Type of Burial Container) Funeral, date, time SAT. Feb 3 2007, 11:00am

Church, Chapel, Graveside Balboa 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.

* Family wants ashes interred after they leave,

*

Division 7 Section 6 Blk/Row 8 Lot 62 Grave 1

Grave space & Care Fund	0
Overtime/Late Arrival Fees SAT. Fee	298.00
Opening/Closing & Setup	149.00
Burial Container	79.00
Handling Fees	85.00
Flower vase / Marker setting fee Mum vase	65.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	747.83
Paid receipt number MC AP 178925	747.83
Balance due	0

PAID
JAN 18 2007
MOUNT HOPE CEMETERY

I hereby certify I am the "wife" X Alyce R. Miller of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

230686

I hereby authorize the interment in lot I hold under deed.

X _____
Signature

X ALYCE R. MILLER
Print Name
X 6926 BACONTREE WY
Address
X SAN DIEGO, CA 92111
City Zip Code
X San Diego (858) 278-0682
Telephone

Paulette
Work Order # E 20061

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20061

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 1/16/07

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: Balboa Cremation
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON:
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED:

NAME OF DECEASED:

LAST NAME: Miller
FIRST NAME Lewis INITIAL:
D.O.D. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: x x

FUNERAL SERVICE: Address: 6926 Bacon Tree Wy
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE SD
LOCATION OF SERVICE: CA
DATE OF SERVICE: TIME OF SERVICE: 92115
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: 4729

CEMETERY PROPERTY: ☐ A/N ☐ P/N ☐ P/N Trust

DIV: 7 SECT: 6 BLK/ROW: 8 LOT: GR: 62
☐ 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: $ 384.12 Add reset fee $36 same size or $71 unlike or $178 - name

Wife Alyce Ruth Miller yes yes to add

858-278-0682
CALL IF STONE / IF SO IS There Rin

Is there a stone? yes? Is, is room to add name? yes

E20061

MT HOPE CEMETERY

- Double ASH-PLOT -

GRAVE BLIND CHECK FORM

IN GRAVE WITH Lewis Miller Sr ⊗ (Dad)

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

		Fuller	Pratt	Mick sch		
		O'Donnell	X			

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 1/17/07

Interment space for: Lewis Gary Miller ⊗

Interment Date: _____ Time: _____

Div: 7 Sect: 6 Blk/Row 8 Lot: ⊗ Gr: 62

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E 20061

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
LEWIS	GARY	MILLER	08/06/1937	01/16/2007	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	ALYCE RUTH MILLER, WIFE 6926 BACONTREE WAY 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
BALBOA CREMATION SERVICES, 4658 30TH ST SAN DIEGO, CA 92116	FD1370	▶ Kathleen Kennedy	01/17/2007

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	01/17/2007	▶ 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 97/100 MT HOPE CEMETERY 3751 MARKET STREET; SAN DIEGO, CA 92102	11B. DATE BURIED 2-3-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kathleen Kennedy	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC. 2570 FORTUNE WAY; VISTA, CA 92081	12B. DATE CREMATED 1/22/07	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Linda Chung	
SCIENTIFIC USE	13A. 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

Date 1/16/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Minola Mitchell 226256

in a Liner (Type of Burial Container) Funeral, date, time Mon. Jan 22 2007 11:00

Church, Chapel, Graveside newtown baptist : Cypress View Mortuary. clay

All Funeral cars 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 1593 Grave —

Grave space & Care Fund D-8170	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66.-
Sales taxes	20.93
Total Due	1094.93
Paid receipt number E-200 R-79921	1,094.93
Balance due	0

PAID JAN 18 2007 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.

230648

I hereby authorize the interment in lot I hold under deed.

Dorothy Mitchell Ruffin
Signature

Cypress 619 264 3168 Dorothy Ruffin-daughter

Dorothy Mitchell Ruffin
Print Name

2985 Manos Dr.
Address

San Diego 92139
City Zip Code

619-267-0916
Telephone

Invoice # _____

Work Order # E 20062

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20062

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

	Johnson	Austin	Gonzalez			
	Corden	Mardiess Mitchell	X	Jackson		
			Jackson			

Flagged **Yes** ✓ **No** ____

Blind Check Initiated By: Paulette Date: 1/18

Interment space for: Minola Mitchell

Interment Date: Mon. Jan 22 Time: 11:00 Church

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1593 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 ____

E20062

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 1/16/07

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

- [X] MORTUARY NAME: Cypressview Clay
- [ ] FAMILY MEMBER / REPRESENTATIVE

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

RELATIONSHIP TO DECEASED: _____

NAME OF DECEASED:

LAST NAME: Mitchell

FIRST NAME: Minola INITIAL: _____

D.O.D. _____ D.O.B. _____

VETERAN: ☐ yes BRANCH OF SERVICE: _____

☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD

CASKET MEASUREMENTS: _____ x _____ x _____

FUNERAL SERVICE:

TYPE OF SERVICE: [X] CHURCH ☐ CHAPEL ☐ GRAVE SIDE

LOCATION OF SERVICE: Monday, January 22, 2007

DATE OF SERVICE: 22/01 TIME OF SERVICE: 11:00

EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: _____

CEMETERY PROPERTY: [X] 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: _____

Mardiss Mitchell

MARDIESS

2985 Manos Dr.
SD CA 92139

E 20062

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-18- 1977

CHARGE Jammye M. Effenberger 222-8654

ADDRESS 2628 Loscrans, S.D. 92106

NAME OF DECEASED Pre-need lots

OWNER Mardiess & Minsla Mitchell

ADDRESS 4187 Delta St., S.D. 92113 262-0527

MORTUARY

LOT 1592-1593 GR ROW SEC DIV 10	400	00
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION VET.		
TOTAL	400.00	
PAID RECEIPT NUMBER 24841		
BALANCE	-0-	

Flush marker

PAID
JUN 18 1977
MT HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

8953

AUTHORIZED
IN PERSON
PHONE BY Jammye M. Effenberger ORDER TAKEN BY O. E. Buford

W.O. NO. D 8170 INVOICE NO. CASH

FORM PR-974 REV.

E 20062

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MINOLA	-	MITCHELL	07/01/1919	01/15/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DOROTHY RUFFIN, DAUGHTER 2985 MANOS DR 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
EL CAMINO MEMORIAL-IMPERIAL AVE, 3953 IMPERIAL AVE SAN DIEGO, CA 92113	FD-670	▶ Lisa Castro	01/17/2007

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	01/19/2007	▶ 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	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.

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 9/16/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAVID GUILLORY ⊗ 230723

In a ASH VAULT (Type of Burial Container) Funeral, date, time Fri. Feb. 16, 2:50 pm

Church, Chapel, Graveside Witness : Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 70 Grave 37

Grave space & Care Fund	566.–
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.–
Burial Container	104.–
Handling Fees	114.–
Flower vases – Marker setting fee $88.72	237.–
Recording/Filing/Transfer Fees	85.–
Sales taxes	8.06
Total Due	1,371.06
Paid receipt number R-59917	1,371.06
Balance due	0

PAID
JAN 16 2007
MOUNT HOPE CEMETERY

TRION WO 5384

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.

230722

I hereby authorize the interment in lot I hold under deed.

x Debra Jones
Print Name

x Debra Jones
Signature

x 10339 Cadwell
Address

x Santee 92071
City Zip Code

x Debra Jones
Telephone

WK 619) 235-1161

Invoice # _____

Work Order # E 20063

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20063

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 ASH VAULT

			TREE			
			X			
			KIMBALL			

Flagged **Yes** X **No** _____

Blind Check Initiated By: KEVIN Date: _____

Interment space for: DAVID GUILLORY

Interment Date: FRI FEB. 16 Time: 2:50 PM

Div: 11 Sect: 2 Blk/Row: _____ Lot: 70 Gr: 37

Grave Laid out by: KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20063

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 48

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 7640-01

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
DAVID	DENNIS	GUILLORY	08/10/1958	12/01/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	DEBRA JONES, SISTER 10339 CADWELL RD SANTEE, CA 92071

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575	▶	12/11/2006

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN 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	12/11/2006	▶ 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
CR/ 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 2-16-07	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 12/11/06	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.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9a (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.)

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot

Date 1-17-07

res. fees

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Florence Wiggers Pin 230164

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row — Lot 207 Grave 5

Grave space & Care Fund	2264.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	2264
Paid receipt number R-00658	452.80
Balance due	1811.20

PAID
JUN 15 2007
MOUNT HOPE CEMETERY

Pd in full 6/15/07 AP80860

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 230164

I hereby authorize the interment in lot I hold under deed.

X Florence Wiggers
Signature

X Florence Wiggers
Print Name

X 1010 N 40th #5
Address

X San Diego 92102
City Zip Code

X 619-262-3714
Telephone

Paid

Work Order # E 20064

Invoice # _____

Acct. # _____

BSA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

7/3 Deed mailed.

Pin 230164

$75.47 a month payments begin Feb 17, 07

E-20064

Wiggers, Florence 1010 N 40th Street, SD CA 92102 619-262-3714

LOCATION: Division 12, Section 2, Lot 207, Grave 5

			DEBIT	CREDIT	BALANCE
1/17/2007		Opened pre-need lot only. Lot $2,264.00 pd 20% down P-00658.	2264.00		2264.00
				452.80	1811.20
2/8/07	P 00687	No Coupon		500 -	1311.20
3/13/07	P-00746	" "		500	811.20
4/16/07	AP 01055	No Coupon		200	611.20
5/14/07	AP 012310	No coupons		200 -	411.20
6/15/2007	AP 00866	No Coupon		411 20	-0-

PAID

JUN 15 2007

MOUNT HOPE CEMETERY

7/3/07 Deed mailed to customer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need disinterment

Date 01/17/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Gordon & Jessie Booth

in a _____ Type of Burial Container Funeral, date, time Mon. Jan 22 9:00

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 MAS Section D Blk/Row ~ Lot 9 Grave 33

A-7190 "1484"

Grave space & Care Fund .....

Overtime/Late Arrival Fees ..... Disinterment 1000.-

Opening/Closing & Setup.....

Burial Container.....

Handling Fees.....

Flower vases – Marker setting fee.....

Recording/Filing/Transfer Fees..... MC AP0060016 JAN 17 2007 $85.00

Safes taxes.....

Total Due..... 1000.-

Paid receipt number Mastercard 1000.-

AP 001310 Balance due

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Corte Truax
Print Name

433 Rossler Ln
Address

Grants Pass OR, 97527
City Zip Code

541 479 5589
Telephone cell # 541 661 2146

PIN 230654

Invoice # _____

Work Order # E 20065

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Norman Fair 9/2005

E20065

MT HOPE CEMETERY

Disinterment

GRAVE BLIND CHECK FORM

IN GRAVE WITH Both in w/ each other

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 1994 Burial Ashvault ?

		MATHEWSON				
		NELSON	X	WILLIAMS		
		FIELD	HAWKIN	BARBER		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 1/22/07

Interment space for: Gordon & Jessie Booth

Interment Date: 1/22/07 Mon Time: 900 am

Div: MAS Sect: D Blk/Row: ____ Lot: 9 Gr: 33

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 _____

To David

Date 1/18 Time 10:25 A.M. P.M.

While You Were Out

M Mr. Truax

of

Phone 541-661-2143 or 2146
Area Code Number Extension

URGENT!		TELEPHONED	✓
CAME TO SEE YOU		RETURNED YOUR CALL	
WANTS TO SEE YOU		PLEASE CALL	✓
RUSH		WILL CALL AGAIN	

MESSAGE Re: the Ashplot I am ~~Was to d~~ disinterring family from

NATURE SAVER

SIGNED Pauline

Reorder No. 01325

E20065 Family to take Marker

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 D Lot 9 Grave 33

2. My legal authority to the above property is based on the following facts: I AM THE ELDEST SURVIVING SON OF MARGRIET F TRUAX (BOOTH). MY MOTHER WAS THE ONLY CHILD OF GORDON & JESSIE BOOTH. MY ONE SISTER AND ONE BROTHER (THE ONLY SURVIVING GRAND CHILDREN OF GORDON & JESSIE BOOTH) ALSO WISH TO HAVE OUR GRAND PARENTS EXUMED AND TAHEN TO MONTANA. MY MOTHER PASSED AWAY FOUR YEARS AGO & IS BURIED IN THE FAMILY PLOT IN MONT.

3. I have presented the following evidence to support the above facts. MY DRIVERS LICENSE & PASSPORT

DL

Rev. 08/05

E20065

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 1-17-07 (Date), _____ in SAN DIEGO (City)

Signature [signature] Print Full Name CORTE F TRUAX

To have deed sent to you, fill in your mailing address here:

Full Name _____

Address _____

City, State & Zip Code _____

4. **The Last Step:** To finish transfer of ownership, you must **EITHER**:

(1) File this form with the Mt. Hope Cemetery Administrative Office; **OR**
(2) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102.
(3) Enclose a check or money order for ($130) for Transfer fee ($65) and Deed Re-issue ($65). These monies will be returned if transfer not allowed.

5. **Notarization:** Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of _____
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

E 20065

FOR OFFICE USE ONLY

Witnessed:

Signed on _____ (Date), _____ in _____ (City)

Signature _____ Print Full Name _____

Documents Presented:

DL OR6705726 Exp 10/13/07 B/ 10/13/45

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)
_____

DL

Rev. 03/05

E20065

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: 1/17/07

I/We CORTE F TRUAX

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: David Lugo Cem Mgr / Mt. Hope Cemetery
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: Mes Section: "D" Blk / Row: " "
Lot(s): 9 Grave(s): 33

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 17 day Jan 2007

EXECUTED IN THE PRESENNCE OF
THE FOLLOWING WITNESS:

Linda E. Truax
WITNESS

Corte F Truax
Legal Owner / Reprehensive Signature

WITNESS

Legal Owner / Reprehensive Signature

CEMETERY REPREHENSIVE NAME

Cemetery Reprehensive Signature

Oregon 6705726 Exp 10-13-2007

10-13-1945

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E 20065

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF Gordon Booth & Jessie Booth

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Gordon Booth Jessie Booth 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 Gordon Booth Jessie Booth, 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 9 Grave 33 Section D Division MASONIC

We acknowledge that we have been advised that the remains of may not be present and/or intact.

_____	_____
_____	_____
_____	_____
[signature]	GRAND SON
SIGNATURE(S)	RELATION TO DECEASED

[signature]
WITNESSED BY

1-17-2007
DATE

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DHS 163702

E20065

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Jessie	Elizabeth	Booth	11/05/1886	12/06/1974	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Redding	Shasta	Corte Truax - Grandson 433 Rossier Lane Grants Pass, OR 97527

7A. TYPED NAME AND ADDRESS OF 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]	01/19/2007

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	01/19/2007	D. Humphrey ▶ 2700093

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Shasta County Dept of Vital Records 2650 Breslauer Way Redding, CA 96001	San Diego County Dept. of Vital Records P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [x] 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	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 Sunnyside Cemetery Stevensville, MT 59870	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.

DHS 163702

E 20065

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	Gordon	Booth	10/04/1892	05/19/1954	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	Corte Truax - Grandson 433 Rossier Lane Grants Pass, OR 97527

7A. TYPED NAME AND ADDRESS OF 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	▶ Robert Humphrey	01/19/2007

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	01/19/2007 D. Humphrey	▶ 2700092

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Diego County Dept. of Vital Records P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] 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
- [X] 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	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 Sunnyside Cemetery Stevensville, MT 59870	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/18/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Filiricar C. Torres 230675

in a TS VAULT Type of Burial Container Funeral, date, time Thurs Feb 1, 07 1 pm ID: 00

Church, Chapel, Graveside : 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. E. M7 2

Division 12 Section 2 Blk/Row ____ Lot 238 Grave 9

PAID

JAN 29 2007

MOUNT HOPE CEMETERY

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263.00
Flower vases -- Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	3,507.51
Paid receipt number R-59949	3,507.51
Balance due	0

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.

230674

I hereby authorize the interment in lot I hold under deed.

E. M7 2
Signature

Edith Torres
Print Name

9545 Arizona st. #203
Address

San Diego CA. 92116
City Zip Code

(619) 581-9697
Telephone

Work Order # E 20066

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20066

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 TS VAULT

HOLTA			Hill	WARREN	FRESH	
BYLD			X			

Flagged Yes X No _____

Blind Check Initiated By: KEVIN Date: 1/29/07

Interment space for: Filirican Torres

Interment Date: 2/1/2007 Time: 12 pm

Div: 12 Sect: 2 Blk/Row: ____ Lot: 238 Gr: 9

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 20066

FROM:
100/105/012-67010 A-1229-192232

WEST COAST ADVERTISING & MARKETING INC
2707 GARNET AVE STE 200
SAN DIEGO, CA 92109

FIRST-CLASS MAIL
Important Tax Document Enclosed

200
FILIRICAN TORRES
2809 46TH ST
SAN DIEGO, CA 92105

E 20066

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

24

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FILIRICAN	CORTES	TORRES	04/22/1982	01/10/2007 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	JUAN LUIS TORRES, FATHER 2715 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	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	1/18/07

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	01/18/2007	▶ 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 STREET SAN DIEGO CA 92102	11B. DATE BURIED 2-1-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. Leamy	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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 Resident

Arrival 3:22 pm

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/19/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carol M. Shanley Pin 230653

in a Liner (Type of Burial Container) Funeral, date, time Tues, Jan 23 @ 1:00 pm

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 12 Section 2 Blk/Row Lot 207 Grave 10

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	PAID
Opening/Closing & Setup	533.-
Burial Container	JAN 22 2007 270.-
Handling Fees	206.-
Flower vases – Marker setting fee	MOUNT HOPE CEMETERY
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-59931	3,358.93
Balance due	0

Mortuary to pay

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin 230652

I hereby authorize the interment in lot I hold under deed.

Signature

Elizabeth K. Stanton
Print Name

5966 Linnet Street
Address

San Diego, CA 92114
City Zip Code

(619) 266 8816
Telephone

Work Order # E 20067

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20067

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

	Sharp		Wykes			
	Tawra		X		McDonald	
			Kyle	Cammack		

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette Date: 1/22/03

Interment space for: Carol M Shanley

Interment Date: Tues Jan 23 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 207 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 _____

E20067

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CAROL	-	SHANLEY	02/12/1943	01/16/2007	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	JASON SHANLEY, SON 1091 CALLE DEL AMOR 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 making permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sienniika Ryan	01/22/2007

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

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	01/22/2007	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 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 1-23-07	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

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.)

At need Resident

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/19/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARVA L. WILEY - BURCH - Pin 230665 1/29/07 mm

in a Liner (Type of Burial Container) Funeral, date, time 01/29/07 11:00am

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 mw

will be applied and billed to undersigned.

Division 12 Section 2 Bldg. Lot 238 Grave 5

PAID

JAN 26 2007

MOUNT HOPE CEMETERY

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 1 flower vase (Galv.)	33.09
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,392.02
Paid receipt number R-59944	3992.00
Balance due	599.98
Setting fee	778.00

Mortuary to pay

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin 230665 over 421.98

I hereby authorize the interment in lot I hold under deed.

Ocie Marie Wiley
Signature

Ocie M. Wiley
Print Name

8421 Carlisle Dr. #8
Address

San Diego CA. 92114
City Zip Code

619-462-0879
Telephone

Invoice #

Work Order # E 20068

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20068

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

	Hill.	Warren	x			

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date:

Interment space for: Marva L Wiley-Burch

Jan 29 11:00

Interment Date: ~~Friday 26, 2007~~ Wed 31 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 238 Gr: 5

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 20068

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
MARVA	LOUIS	WILEY-BURCH	02/06/1950	01/17/2007	F

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	OCIE WILEY, SISTER 8421 CARLISLE DR. #8 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		1/25/07

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	01/23/2007	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 1-29-07	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 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.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 1-19-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TAGIVALE SOKIMI fin 230ct69

in a Topseal Vault Funeral, date, time Mon. January 29 10:00

Type of Burial Container

(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 238 Grave 12

Grave space & Care Fund (8-1-05) E-19289	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	646.02
Sales taxes	
Total Due	646.02
Paid receipt number R-59929	646.02
Balance due	0

PAID JAN 19 2007 MOUNT HO

I hereby certify I am the + Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

+ Signature

Onosai Faletufuga
Print Name

6158 Alderley St
Address

San Diego, Ca. 92114
City Zip Code

(619) 262-1554
Telephone

Paulette

Work Order # E 20069

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E20069

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 T.S. Vault

Hill	Walker					
			X			Vacant
Lois			Flush Grave			Flush Grave

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 1/28/07

Interment space for: Tagivale Sokimi

Interment Date: MON. 1/29/07 Time: 1000

Div: 12 Sect: 2 Blk/Row: ____ Lot: 238 Gr: 12

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 _____

E20069

CALIFORNIA
SENIOR CITIZEN IDENTIFICATION CARD
CALIFORNIA

E20069

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TAGIVALE	-	SOKIMI	10/03/1935	01/12/2007	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	ONOSAI FALETUFUGA, SISTER 6158 ALDERLEY 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 BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	Claudette Ruan	1/18/2007

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	01/18/2007	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 1-29-07	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.

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 1/19/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Simeon R. Jordan 230662

in a Liner (Type of Burial Container) Funeral, date, time Friday 26 1:00

Church (Chapel), Graveside Family Witness ; Anderson-Rogers 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 165 Grave 5

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 R-59934	3,536.93
Balance due	0

PAID
JAN 23 2007
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.

230661

I hereby authorize the interment in lot I hold under deed.

X Shelly A Jordan
Signature

X Shelly A Jordan
Print Name

X 4103 WABASH AV
Address

X San Diego CA 92104
City Zip Code

Cell X 619 203-8724
Telephone

Paulette

Work Order # E 20070

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20070

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

		COLLOD				
	SALAZAR		X			
KILBOURN					FUSH	

Flagged **Yes** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Simeon R Jordan

Interment Date: Friday Jan 26 Time: 1:00

Div: 12 Sect: 2 Blk/Row: — Lot: 165 Gr: 5

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 20070

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

29

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SIMEON	RASHAUD	JORDAN	07/03/1977	01/15/2007 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	SHELLY JORDAN, MOTHER 4103 WABASH 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
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Stennika Pryor	01/18/2007

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	01/19/2007	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 1-26-07	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.

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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
LOT/TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date January 22, 2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a Double-Depth Crypt A&B Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ $533.00 each	$1,066.00
Burial Container	$ 539.00
Handling Fees	$ 454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 @ $65.00 each	$ 130.00
Sales taxes	$ 41.77
Total Due	$3,896.77
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 # _____

Work Order # E 20071

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20071

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 01/22/07

To: Joseph

Telephone #:

Fax #:

Subject: re pre-need lot & trust

From: Paulette

Telephone #: (619) 527-3400

Fax #: (619) 527-3403

Pages (including this cover sheet):

COMMENTS: see attached.

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4537
Tel (619) 527-3400 • Fax (619) 527-3402

At need
NON-RES

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/21/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alice Easley 230664

in a DD Crypt (Type of Burial Container) Funeral, date, time St Pauls 9:00 Mon 29

(Church, Chapel, Graveside) : Glen Abbey (Mortuary)

All Funeral cars 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 4188 Grave 1

Grave space & Care Fund C-7402	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup PAID	1,416.00
Burial Container	717.00
Handling Fees 2 x 85 JAN 31 2007	604.00
Flower vases – Marker setting fee MOUNT HOPE CEMETERY	170.00
Recording/Filing/Transfer Fees	55.57
Sales taxes	2,962.57
Total Due	2,962.57
Paid receipt number R-59932	2,962.57
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.

230663

I hereby authorize the interment in lot I hold under deed.

David E Easley
Signature

DAVID E. EASLEY
Print Name

1047 CALLE ESCARPADA
Address

BONITA CA 91902
City Zip Code

(619) 479 3090
Telephone

Invoice # _____

Work Order # E 20072 Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20072

[redacted] [redacted]

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

			X			

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 1/29

Interment space for: Alice Easley

Interment Date: 1/29/07 Time: _____

Div: 10 Sect: _____ Blk/Row: _____ Lot: 4188 Gr: 1

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 20072

ORDER

CITY OF SAN DIEGO, CALIFORNIA — HOPE CEMETERY

DATE 7 - 1 1969

CHARGE Jess H. Easley

ADDRESS Belen

NAME OF DECEASED Alma K. Easley

OWNER Jess H. Easley

ADDRESS 704 W. 2nd St. Lebanon, Mo.

MORTUARY Banbough

A 4188

LOT (4189) GR ROW SEC DIV 10 290 00

OPENING TIME 11A DAY DATE Thurs. 7-3-69 90 00

VAULT T.S. SIZE #5

REMOVAL OR FOUNDATION VET.

TOTAL $380.00

PAID RECEIPT NUMBER 16420

BALANCE

Wednesday for Arrang.
Reg. flush marker Only

PAID
JUL 2 1969
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

K 4911

AUTHORIZED (IN PERSON) PHONE BY X J H Easley ORDER TAKEN BY R.W. Dehn

W.O. NO. C 7402 INVOICE NO. CMSK

FORM PR-974 REV.

E 20072

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALICE	E.	EASLEY	07/10/1925	01/21/2007	F

5A. COUNTY 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	DAVID E. EASLEY, HUSBAND 1047 CALLE ESCARPADA 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
GLEN ABBEY MEMORIAL PARK AND MORTUARY, 3838 BONITA ROAD BONITA, CA 91902	FD1371	▶	01/24/2007

ACKNOWLEDGEMENT OF APPLICANT – I hereby acknowledge as applicant that the proposed stated herein is on of the disposition/s authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN 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	01/25/2007	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 1-29-07	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.)

MT. HOPE-CEMETERY

INTERMENT ORDER

City of San Diego

At need

"Low Income" Date 01/22/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edwin D. Engram Pin # 230658

in a Liner (Type of Burial Container) Funeral, date, time Fri. Jan 26 12:00

Church, Chapel, Graveside Wms. SD Memorial 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 11 Section 2 Blk/Row — Lot 9 Grave 3

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	1679.47
Paid receipt number * R-59936	200.00
Balance due	1479.47
	519.47
	980.00
	940.00
	20.00

PAID

JAN 24 2007

MOUNT HOPE CEMETERY

R-59936 $ 200.00

"Mother" M/C AP 090648

I hereby certify I am the X Eddie Mae Engram of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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-59940 & 41

Pin 230659

I hereby authorize the interment in lot I hold under deed.

X Eddie Mae Engram
Print Name

X 4381 41st Street, Apt C
Address

X San Diego 92105
City Zip Code

X 619-269-2106
Telephone

Signature

CDL N9066704
8-10-10

Paulette

Invoice #

Wor': Order # E 20073

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Billed Mother for $20.00 on 1/29/07 Pd 2-8-07 59965

E20073

MT HOPE CEMETERY

"Low Income"

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

— FENCE LINE —						
	AMBAYE		X			
			STRACHAN PORTER			MAYFIELD

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 1/24/07

Interment space for: Edwin D. Engram

Interment Date: Friday Jan 26 Time: 12:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 9 Gr: 3

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 20073

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: x ~~Eddie Mae~~ Edwin David Engram Jr.

Address: x 4381 41st Street, Apt C

City: x San Diego State x 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.

x _____ January 24, 2007
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 SSI documents verified on:
Approved By
Date 1/24/07

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

E20073

CALIFORNIA
IDENTIFICATION CARD
B7123693
EDWIN DAVID ENGRAM, JR
SAN DIEGO CA 92102
SEX:M HAIR:BLK EYES:BRN
HT:6-05 WT:220 DOB:05-16-75
03/08/2002 5DS 39 FD/87

Mother of deceased

E 20073

Social Security Administration
Supplemental Security Income
Important Information

Date: January 10, 2007
Claim Number: 570-35-9935 DI

954 0103,M02,086,019095 000019095 02 AB 0.554

EDDIE MAE ENGRAM FOR
EDWIN DAVID ENGRAM JR
4381 41ST STREET
APT C
SAN DIEGO CA 92105-1103

* Application Filed *
December 7, 2006

* Type of Payment *
Individual--Disabled

This refers to the claim of EDWIN D. ENGRAM JR for Supplemental Security Income payments.

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.

How Much We'll Pay

Beginning	*Through*	*Monthly Amount Payable*
December 7, 2006	December 31, 2006	$0.00
January 1, 2007	Continuing	$50.00 This includes $20.00 from the State of California.

Our Decision About How We'll Pay EDWIN D. ENGRAM JR

We have decided that Supplemental Security Income payments for EDWIN D. ENGRAM JR will be sent to you. By regulation, all payments are to be used for his well-being and benefit. As representative payee for this individual, you have certain reporting responsibilities. You should read the enclosed pamphlet and the rest of this notice carefully.

See Next Page

Please see the enclosed "Fact Sheet on SSI Living Arrangement Categories For the State of California" for a description of this State living arrangement category and others.

- He had no income for December 2006 on.

Information About EDWIN D. ENGRAM JR's Back Payments

- We are sending him a Supplemental Security Income check for $50.00 in January 2007. We will not count the part of this money which was due for back payments as his resource for 9 months. If the money is not spent before November 1, 2007, we will count any money left over as part of his resources. But things bought with this money may count as resources the month after they are bought. Your Social Security office can tell you which things count as resources. He cannot get SSI if the resources we count have a value of more than $2,000.

Information About Medicaid

An agency of his State will advise him about the Medicaid program. If he has any questions about his eligibility for Medicaid or needs immediate medical assistance, he should get in touch with the county welfare department.

Things To Remember

- This decision refers only to his claim for Supplemental Security Income payments. Any decision about his benefits under other Social Security programs will be sent to you in a separate letter.
- His prompt cooperation is necessary if he is contacted by the state agency or district office.
- This information is also being sent to EDWIN D. ENGRAM JR.
- Would EDWIN D. ENGRAM JR like to work? If so, you should know about special Supplemental Security Income (SSI) rules. These rules can help him keep Medicaid and may help him keep getting some SSI even though he is working. The enclosed fact sheet tells you more about special SSI rules for people who work.

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.

E 20073

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
EDWIN	DAVID	ENGRAM JR	05/16/1975	01/16/2007	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	EDDIE ENGRAM, MOTHER 4381 41ST STREET APT C SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575		01/25/2007.

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	01/25/2007	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 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 1-26-07	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 2 IS RETAINED BY 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.)

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NON-RES
FAX
264-3433
264-3131
x380

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan. 24, 07'

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond Rodriguez 217017

in a double depth "A" Funeral, date, time Feb 2nd Friday 9:30
Type of Burial Container

Church, Chapel, Graveside _____ : Greenwood (garden chapel) Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 100F Section _____ Blk/Row 42 Lot 214 Grave _____

Grave space & Care Fund E-13340	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708
Burial Container	717
Handling Fees	604
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.
Sales taxes	55.57
Total Due	2169.57
Paid receipt number R-59953	2,169.57
Balance due	0

PAID
JAN 30 2007
MOUNT HOPE CEMETERY

Army Ver WWII

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.

230683

I hereby authorize the interment in lot I hold under deed

X _____
Signature

X Judy A Romaine
Print Name
10217 Stonebridge Pkwy #323
Address
San Diego SD 92131
City Zip Code
858-774-4214
Telephone

See attached for wife mother Signature

Work Order # E 20074

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20074

FAX 264-3433
264-3131
x380

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan. 24, 07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond Rodriguez in a double depth "A" (Type of Burial Container) Funeral, date, time Feb 2nd 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 100F Section _____ Blk/Row 42 Lot _____ Grave 214

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708
Burial Container	717
Handling Fees	604
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.
Sales taxes	55.57
Total Due	2169.57
Paid receipt number R-59953	2169.57
Balance due	0

PAID
JAN 30 2007
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

X Judy A Romaine
Print Name
10217 Stonebridge Pkwy #38
Address
San Diego SD 92131
City Zip Code
858-774-4214
Telephone

Invoice # _____

Work Order # E 20074

Acct # _____

This information is available in alternative formats upon request

X Irene A Rodriguez

[redacted]

E20074

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH DDraper ☒

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

Keating		Hawkins	X	Cruz		
					Warne	
	Hyson		Lawson		Hawtrey	

Flagged Yes ✓ No

Blind Check Initiated By: Paulette C. Date: 1/29/07

Interment space for: Raymond Rodriguez

Interment Date: Friday Feb 2nd Time: chapel

Div: TOOF Sect: ____ Blk/Row: 42 Lot: ____ Gr: 214

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20074

[redacted] [redacted]

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 1/24/07

CALL TAKEN BY: David

RECEIVED CALL FROM:

☑ MORTUARY NAME: Greenwood

☐ FAMILY MEMBER / REPRESENTATIVE

CONTACT PERSON: Tracy Romaine

TELEPHONE NUMBER: 858-774-4214

RELATIONSHIP TO DECEASED: _____

NAME OF DECEASED:

LAST NAME: Rodrigues

FIRST NAME: Raymond INITIAL: _____

D.O.D. _____ D.O.B. _____

VETERAN: ☑ yes BRANCH OF SERVICE: _____

☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD

CASKET MEASUREMENTS: _____ x _____ x _____

FUNERAL SERVICE:

TYPE OF SERVICE: ☐ CHURCH ☑ CHAPEL ☐ GRAVE SIDE

LOCATION OF SERVICE: Greenwood

DATE OF SERVICE: 2/5 TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: _____

CEMETERY PROPERTY: ☐ A/N ☑ P/N ☐ P/N Trust

DIV: 100F SECT: _____ BLK/ROW: 4 LOT: _____ GR: 214

☐ 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: _____

E20074

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
RAYMOND	-	RODRIGUEZ	11/19/1929	01/22/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
HEMET	RIVERSIDE	IRENE RODRIGUEZ, WIFE 42751 STATE HIGHWAY 74, SP. 84 HEMET, CA 92544

7A. TYPED NAME AND ADDRESS OF 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	▶ Richard D. Bond	01/30/2007

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	01/30/2007	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
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 2-2-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Kenyon	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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 — VS9a (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 20074

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT TELEPHONE: 527-3400

DATE	YOUR ORDER NO.
January 29, 2007	E-20073

PAID
FEB - 6 2007
MOUNT HOPE CEMETERY
$20.-
R-59965

TO: Ms Eddie Mae Engram
4381 41st Street Apt C
San Diego CA 92105

Re: Edwin D. Engram

DESCRIPTION OF CHARGE	AMOUNT
To Ms Engram, there is a balance due on the at-need contract of your son Edwin D. Engram. The balance is in the amount of $20.00. Please send check, money order or call with a visa or master card.	

Sincerely,

Paulette Crawford

Paulette Crawford, CAII

E20074

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 01/24/07 TIME: 12:33:04
MERH: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 238
CD TYPE: MC
TR TYPE: MP

TOTAL: $519.47M

ACCT: **********8651 EXP: ****
AP: 090648

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 / pick up receipt
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

11-2-9-3
E-20073
Edwin D. Engram

E 20074

THE CITY OF SAN DIEGO
Mt Hope Cemetery
Park and Recreation
3751 Market Sheet • San Diego, California 92102-4527

Juanita - receipt.

on grave of Riichi & Kiku Oyama parents

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01/24/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugene Oyama ⊗ 230755

in a Ash Vault (Type of Burial Container) ; Funeral, date, time Tues. March 6 10:30

Church, Chapel, Graveside Witness ; FUNERAL Mortuary.

All Funeral cars 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 174 Grave 2

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.—
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-59990	510.06
Balance due	0

PAID
FEB 26 2007
MOUNT HOPE CEMETERY

Ashes towards left side of monument

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.

230754

I hereby authorize the interment in lot I hold under deed.

Florence Ozaki
Signature

FLORENCE OZAKI
Print Name
3695 MT. ARIANE DR.
Address
SAN DIEGO, 92111
City Zip Code
(8) 571-5211
Telephone

Invoice # _____

Work Order # E 20075

Acct # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20075

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Rick & Lino Oyama

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

			Inamura	Uyeda		
			X	Morimoto		
		Iwo	Nojima			

Flagged **Yes** X **No** ____

Blind Check Initiated By: Levin Date: 3-

Interment space for: Eugene Oyama

Interment Date: Tue 3/6/07 Time: 10:30 AM

Div: 7 Sect: 11 Blk/Row: ____ Lot: 174 Gr: 32

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED Middle

E 20075

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 21698

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 59

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EUGENE	TAKASHI	OYAMA	08/15/1947	12/08/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MODESTO	STANISLAUS	RIICHI OYAMA, SON 10414 112 ST S.W. LAKEWOOD, WA 98498

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
SALAS BROTHERS FUNERAL CHAPEL, 419 SCENIC DRIVE PO BOX 995 MODESTO, CA 95353	FD782	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. Donna Iturren	12/12/2006

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	12/12/2006	JOHN WALKER, 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
STANISLAUS HEALTH DEPARTMENT 820 SCENIC DRIVE MODESTO, CA 95350	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CREMATION/ 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 3-6-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CERES MEMORIAL PARK 1801 E WHITMORE AVENUE CERES,CA 95307	12B. DATE CREMATED DEC 13 2006	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.

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

Date 1/25/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joe Mathis Pin 230668

in a Liner (Type of Burial Container) Funeral, date, time Tues, Jan 30 2pm

(Church) Chapel, Graveside ____ Preferred Mortuary. 619 519-1335

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. ____

Division 12 Section 2 Blk/Row ____ Lot 251 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	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	4,465.82
Paid receipt number VISA AP02687A	3,965.82
Balance due	500.-
R59942	500.-

PAID
JAN 26 2007
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 authonization and interment.

Pin 230667

I hereby authorize the interment in lot I hold under deed.

X Roberta Houston (Signature)

X Roberta Houston (Print Name)
X 5626 Olivena Ave (Address)
X S.D. CA 92114 (City, Zip Code)
X 619 264-1232 (Telephone)

Invoice # ____

Work Order # E 20076

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20076

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

Wanda		Williams	X			
				Zuniga		

Flagged **Yes** X **No**

Blind Check Initiated By: Kevin Date: 1/29/07

Interment space for: Joe Mathis

Interment Date: Tues Jan 30 Time: 2:00pm

Div: 12 Sect: 2 Blk/Row: ____ Lot: 251 Gr: 5

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 20076

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	LOUIS	MATHIS	05/25/1939	01/22/2007	M

[redacted] OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MESA	SAN DIEGO	MARY MATHIS, WIFE 1065 E. WASHINGTON #K EL CAJON, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking Remains	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ Mark Jenkins	01/25/2007

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	01/26/2007	▶ 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 1-30-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim 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

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.)

Pre-need to be At need in grave w/ Elder E. Mitchell

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MS Ann B. Mitchell

in a ASH Vault (Type of Burial Container) Funeral, date, time AYD 2/26/07

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division B Section 3 Blk/Row _____ Lot 1977 Grave _____

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.—
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-59991	510.06
Balance due	Ø

PAID
FEB 26 2007
MOUNT HOPE CEMETERY

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.

230742

I hereby authorize the interment in lot I hold under deed.

Signature

X Frances M. Conroy
Print Name
X 1926 Seven Hills
Address
X Hemet CA 92545
City Zip Code
X 951 9298120
Telephone

Invoice # _____

Work Order # E 20077

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20077

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Elden E. Mitchell ☒

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

		WILLIAMS	LILLY	LILLEY		
	ISRAEL	BARTLETT	X	MITCHELL PARKINSON	TOLLY	
		THOMAS		KELLEY		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 2-26-07

Interment space for: MS Ann B. Mitchell ☒

Interment Date: _____ Time: 4:40

Div: 8 Sect: 3 Blk/Row: _____ Lot: 1977 Gr: 1

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 B Hom

E20077

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANN	B	MITCHELL	07/24/1918	01/31/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
HEMET	RIVERSIDE	FRANCES CONROY, DAUGHTER 1926 SEVEN HILLS DR HEMET, CA 92545

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
HEMET VALLEY MORTUARY, 403 N SAN JACINTO ST HEMET, CA 92543	FD833		02/01/2007

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	02/01/2007	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
CREMATION/ 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	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 2/1/2007	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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 1/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cesar Esparza ~~DX~~ 230709

in a Ash Vault (Type of Burial Container) Funeral, date, time Mon. Feb 12 2007 10:00

Church, Chapel, Graveside ; EL CAJON Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1064 Grave 1

Grave space & Care Fund E-19103	~~0~~
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	88.72
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	598.78
Paid receipt number R-59943	598.78
Balance due	~~0~~

PAID

JAN 26 2007

MOUNT HOPE CEMETERY

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

66

I hereby authorize the interment in lot I hold under deed.

Teresa T. Valdillez
Signature

TERESA T. VALDILLEZ
Print Name

764 CHAMBERLAIN AVE
Address

EL CAJON CA 92020
City Zip Code

(619) 579-9010 Home
Phone (619) 464-2900 work

Carmen Torres

Work Order # E 20078

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20078

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: Jan 25, 2007

CALL TAKEN BY: Maria

RECEIVED CALL FROM:

- ☐ MORTUARY NAME: _____
- ☐ FAMILY MEMBER / REPRESENTATIVE
  - CONTACT PERSON: Teresa Valdillez #66
  - TELEPHONE NUMBER: _____
  - RELATIONSHIP TO DECEASED: Sister

NAME OF DECEASED:

LAST NAME: Esparza
FIRST NAME: Cesar INITIAL: _____
D.O.D. 01/24/07 D.O.B. _____
VETERAN: ☐ yes BRANCH OF SERVICE: _____
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: _____ x _____ x _____

FUNERAL SERVICE:
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☒ GRAVE SIDE
LOCATION OF SERVICE: _____
DATE OF SERVICE: _____ TIME OF SERVICE: _____
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: _____

CEMETERY PROPERTY: ☐ A/N ☒ P/N ☐ P/N Trust

DIV: 10 SECT: _____ BLK/ROW: _____ LOT: 1064 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: _____

88.72
65.00
153.72

510.06
88.72
598.78

E20078

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CESAR	LUIS	ESPARZA	[redacted]	01/24/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
WEST HAVEN	UTAH	TERESA T. VALDILLEZ - SISTER 764 CHAMBERLAIN AVENUE EL CAJON, CA 92020

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 ▶ Kim Beaulieu	8B. DATE SIGNED 02/12/2007

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	Kim Beaulieu 02/12/2007	2700217 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 HEALTH DEPT. 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 CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2-12-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Jennings	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 1-26-07

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris Hill 230673

In a Liner (Type of Burial Container) Funeral, date, time Weds, Jan 31 11:00

(Church) Chapel, Graveside ; Preferred Mortuary.

MT. SINAI 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 11 Section 2 Blk/Row " Lot 7 Grave 5

Grave space & Care Fund	1132.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	216.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	104.47
Total Due	1,679.47
Paid receipt number R-59947	1,679.47
Balance due	-0-

PAID
JAN 29 2007
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.

230672

I hereby authorize the interment in lot I hold under deed.

Carolyn Graham
Signature

Carolyn Graham
Print Name

10946 Avutillo Way
Address

San Diego, CA 92127
City Zip Code

(619) 282-3294
Telephone

Paulette

Work Order # E 20079

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Deceased last address
3780 Swift ave #4
SD CA 92104

E20079

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 Liner

—	FENCE		LINE			—
	Pelwitt		X		Daniels	
				Spencer		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 7/29/07

Interment space for: Doris Hill

Interment Date: 1/31/07 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 7 Gr: 5

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 ____

Revised June 2006

E20079

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: Doris E Hill

Address: 3780 Swift ave #4

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)	$45,800
(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.

Carolyn Graham (Daughter) 1-29-07

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 SS Statement

Maria G. Cooansky 1/29/07

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

E 20079

SOCIAL SECURITY ADMINISTRATION

REPORT OF CONFIDENTIAL SOCIAL SECURITY BENEFIT INFORMATION

SOCIAL SECURITY CLAIM NUMBER									BIC
2	3	7	5	4	0	1	9	7	

Information about a person's Social Security Benefits is confidential by law. Except under certain circumstances specified by law and regulations, the Social Security Administration does not reveal such information to any person except the beneficiary involved, or his or her authorized representative.

Beneficiary's name and address

* Carolyn Graham For
Doris E. Hill
10946 Autillo Way
SAN DIEGO, CA 92127-

1. Name of person or agency from whom a request for benefit information was received.

☒ Beneficiary

☐ Other *(Show name and address)*

The person or agency named in item (1) above has requested information about your benefits. The information requested has been provided in the items checked (√) below, and is being sent to you for your convenience. If you want the requesting agency (other than yourself) to have this information, you may show or send them this official report.

2. ☐	The gross amount of your monthly Social Security benefit is	$
	The amount deducted for Medicare is	$
	The net amount of your Social Security check each month is	$
3. ☐	The above amount became effective	Month-Year
4. ☐	Your monthly benefit (before deduction for Medicare) From (month-year) Through (month-year)	$
5. ☐	The monthly amount of your Supplemental Security Income payment is	$
6. ☐	The above amount became effective	Month-Year
7. ☐	The total monthly amount of your Social Security benefit and supplemental security income payment is	$
8. ☐	According to our records your date of birth is	Month-Day-Year

9. ☐ We are unable, at this time, to tell you whether benefits may be payable in your case, because the processing of your claim for disability benefits has not been completed. If it is determined that benefits are payable, you will receive notification of the exact amount and effective date.

10. ☒ Other

Ms Hill was not receiving SSI benefits at the time of her death. However, based on SSA records she would have qualified for low income/SSI benefits.

SS DISTRICT OFFICE ADDRESS
8505 Aero Drive
San Diego, CA 92123

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL

M. Hagar --SSI Technical Expert

TELEPHONE NO. (Include Area Code)	DATE
(858) 278-1097 x224	01-27-2007

Form SSA-2458 (02-1984) EF (07-2002)

E20079

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

12

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	ELOISE	HILL	08/05/1934	01/23/2007	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	OLIVIA GRAHAM, GRANDDAUGHTER 4253 35TH STREET 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 acting as permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746		01/26/2007

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	01/30/2007	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 1-31-07	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter Duzyk 207700

in a TS Vault (Type of Burial Container) Funeral, date, time Wed, Jan 31 11:00

Church, Chapel, Graveside : Humphreys Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 4896 Grave _____

Grave space & Care Fund E - 10368	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	492.00
Handling Fees	350.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	36.58
Total Due	1,651.58
Paid receipt number R-59946	1,651.58
Balance due	0

PAID
JAN 29 2007
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.

207705

I hereby authorize the interment in lot I hold under deed.

Irene L. Duzyk
Signature

Irene L. Duzyk
Print Name

214 Sierra Way
Address

Chula Vista, CA 91911
City Zip Code

(619) 422-4275
Telephone

Invoice # _____

Work Order # E 20080

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20080

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 TS VAULT

		[illegible]	[illegible]	[illegible]		
	Radocich		X		Mesina	[illegible]
			[illegible]	[illegible]		

Flagged Yes X No

Blind Check Initiated By: Kevin Date: 1-29-06

Interment space for: Walter Duzyk

Interment Date: 1/31/07 Time: 11:00 GS

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4896 Gr: 1

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 20080

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 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
WALTER	A.	DUZYK	02/18/1927	01/27/2007	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	IRENE L. DUZYK, SPOUSE 214 SIERRA WAY CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking charge	8B. DATE SIGNED
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964	Kim Beaulieu	01/31/2007

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	01/31/2007	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 1-31-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS 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

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
req. fee

Date 1/29/07

low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Ann Richardson 230671

in a Liner (Type of Burial Container) Funeral, date, time Weds, January 31 1:00

Church Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 15 Grave 5

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-59948	1,679.47
Balance due	0

PAID
JAN 29 2007
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 # See attached

Acct. # _____

Work Order # E 20081

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 req. fee

Date 1/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Ann Richardson

in a Liner (Type of Burial Container) Funeral, date, time Weds, January 31 1:00

(Church) Chapel, Graveside ____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____ will be applied and billed to undersigned. ____

Division 11 Section 2 Blk/Row ____ Lot 15 Grave 5

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 ____	
Balance due	

I hereby certify I am the X 745BAND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 A Richardson
Signature

230670

X Arthur Willie Ann Richardson
Print Name

X 224 S. 53rd
Address

X San Diego CA 92114
City Zip Code

X 619-263-4687
Telephone

Invoice # ____

Work Order # E 20081 Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

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: * WILLIE ANN RICHARDSON

Address: * 224 S. 53RD

City: * SAN Diego State C.A 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.

Willie H Richardson - HUSBAND 1-29-07
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 VA Award Letter 1/27/06

Approved by 1/29/07
Date

Current VA Doc documents verified on:
Approved By
Date 1/29/07

E20081

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92103-4527
Tel (619) 527-3400 • Fax (619) 527-3403

Department of Veterans Affairs

PO BOX 11000
ST PAUL MN 55111

November 27, 2006

In Reply Refer To:

ARTHUR H RICHARDSON
224 53RD ST
SAN DIEGO CA 92114

File Number:
17 027 008
A H RICHA

Your award of Improved Pension has been amended to provide for payment as follows:

Monthly Rate	Effective Date
$945.00	12-01-06

You will be advised of future rate changes occurring after the last date shown.

This adjustment will be reflected in your first check due after January 1, 2007 or February 1, 2007. It is based on the cost of living adjustment effective December 1, 2006 and our determination that your net countable income is $2963 .

We are considering your own income of $0 from earnings, $3066 from Social Security based upon a monthly payment of $255.50, $0 from annuity/retirement and $0 from other sources.

We have considered medical expenses of $818 in determining your countable income.

If the income information shown above is not correct, please furnish an accurate statement of your income from all sources. If, at a later date, there is any change in the number of your dependents or change in income other than the December 1 Social Security increase (received in the January 2 payment), you should notify us immediately. (If you are not presently receiving Social Security but begin receiving this benefit at a later date, you should inform us immediately.) Also notify us of any change of address or if you go on active duty in the military.

945
255
1200

E20081

VA FORM
JAN 1990 20-8992

If you want to open or expand a small business, VA's Center for Veterans Enterprise (CVE) can help. To open a business, its staff will connect you with local specialists who can answer start-up and financing questions as well as help you craft a business plan. VA has no business loans or grants, but some veterans may be eligible for tuition assistance for qualified business courses. To expand an existing business into the federal marketplace, the staff will help you learn how to identify and market contract opportunities. To learn more, visit the CVE web portal at http://www.vetbiz.gov.

The Internal Revenue Service has asked us to encourage you to take advantage of certain tax credits, deductions and services for which you may qualify. Special deductions and credits can benefit disabled taxpayers or their families. Free tax help is available for low-income, elderly, disabled or non-English-speaking individuals. Returns can be filed electronically to speed receipt of refunds and increase accuracy. The Earned Income Tax Credit may be available to low- or moderate-income workers, depending on the amount of earned income and the number of children in the household. Even when the income is below the threshold for filing a tax return, eligible individuals can file a return and claim the credit to receive a refund. Education credits and deductions for non-reimbursed expenses may be available to individuals when they or members of their family are pursuing post-secondary or job-related education. Child tax credits may be available to those with children under age 17. To find out more and to see if you qualify for the credits, call the Internal Revenue Service at (800) 829-1040 or visit the IRS web site at www.irs.gov.

K. L. ANDERSON
VETERANS SERVICE CENTER MANAGER

ENCL: VAF 21-0187

F20081

CALIFORNIA
IDENTIFICATION CARD
WILLIE ANN RICHARDSON
2299 3RD ST
SAN DIEGO CA 92114
SEX:F
HAIR:BLK
EYES:BRN
HT:5-04
WT:228
DOB:01-11-50

E20581

LIFT TO O

If you were "full" retirement age (age 66 and 6 months in 2006) or older, you may keep all of your benefits no matter how much you earn. But if you were younger than full retirement age at any time during the year, there is a limit to how much you can earn before your benefits are reduced.

- **If you were under full retirement age all year in 2006,** the earnings limit was $12,480. We must deduct $1 from your benefits for each $2 you earned over $12,480

Your New Benefit Amount

BENEFICIARY'S NAME: *ARTHUR H RICHARDSON*

029685

Your Social Security benefits will increase by 3.3 percent in 2007, because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

- Your new monthly amount (before deductions) is $266.60.
- The amount we are deducting for Medicare medical insurance is $85.50.
  (If you did not have Medicare as of Nov. 15, 2006, or if someone else pays your premium, we show $0.00.)
- The amount we are deducting for your Medicare prescription drug plan is $0.00.
  (If you did not elect withholding as of Nov. 1, 2006, we show $0.00.)
- The amount we are deducting for voluntary federal tax withholding is $0.00.
  (If you did not elect voluntary federal tax withholding as of Nov. 15, 2006, we show $0.00.)
- After taking any other deductions, we will deposit $170.00 into your bank account on Jan. 3, 2007.

If you disagree with any of these amounts, you should write to us within 60 days from the date *you receive this letter.*

What If I Have Questions?

*Visit our website at **www.socialsecurity.gov** for information about Social Security. Or, call* **1-800-772-1213** and speak to a representative from 7 a.m. until 7 p.m. on business days. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week and early in the month; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, **1-800-325-0778**. If you are outside the United States, you can contact any U.S. embassy or consulate office, or the Veterans Affairs Regional Office in Manila. Have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States, you also can visit your local office.

GROUND FLOOR
2530 E PLAZA BOULEVARD
NATIONAL CITY CA

E20081

028685*COLA*BM*V14*L017

PRESORTED
FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

SOCIAL SECURITY ADMINISTRATION
MID-AMERICA PROGRAM SERVICE CENTER
601 E 12TH ST
KANSAS CITY MO 64106-2859
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

Be sure to check out
our website: *www.socialsecurity.gov*

028685******AUTO** SCH 5-DIGIT 92114
ARTHUR H RICHARDSON
224 53RD ST
SAN DIEGO CA 92114-3711

E20081

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

—	FENCE		LINE			—
	AYALA		X	SORIANO		
			DAVIS			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 1/29/07

Interment space for: Willie Ann Richardson

Interment Date: Weds 1-31-07 Time: 1:00pm

Div: 11 Sect: 2 Blk/Row: ____ Lot: 15 Gr: 5

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20081

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

57

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLIE	ANN	RICHARDSON	01/11/1950	01/25/2007	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	ARTHUR RICHARDSON, HUSBAND 224 53RD 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	Stennika Pryor	01/29/2007

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	01/29/2007	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 1-31-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim 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

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.)

E20081

El cajon Blvd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 1/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary A. Franklin 230682

in a D.D. Cvpt A J (Type of Burial Container) Funeral, date, time Friday 2 Feb. 2 10:00

Church, Chapel, Graveside _____ ; 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. _____

Division 12 Section 2 Blk/Row W Lot 256 Grave 9

Grave space & Care Fund	2261.00
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	3896.77
Paid receipt number R-59958	3,896.77
Balance due	-0-

PAID
FEB - 1 2007
MOUNT HOPE CEMETERY

Mortuary to pay

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.

230681

I hereby authorize the interment in lot I hold under deed.

Barry D. Franklin
Signature

Barry D. Franklin
Print Name

3661 Mango Dr.
Address

San Diego, Ca 92139
City Zip Code

(619) 470-9237
Telephone

mort. 2 pay

Work Order # E 20082

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

REGISTRATION VALID FROM

AUTO 12/08/2006 TO 12/08/2007 TYPE 11 LICENSE NUMBER 5LZM247

VEHICLE IDENTIFICATION NUMBER
1FMZK02115GA09128

MAKE
FORD

BODY TYPE MODEL
SV

CYLS | DATE FIRST SOLD | CLASS | YR | Yr. Model
00/00/2004 | HC | | 200

DATE ISSUED
11/30/2006

TYPE VEH. | MP | AX | WC | UNLADEN/GCW | TOTAL FEES PAID
12S | G | | | | $197

3700

REGISTERED OWNER

CAB WEST LLC LSR
FRANKLIN BARRY
OR FRANKLIN MARY A LSE
3061 MANOS DR
SAN DIEGO CA 92139-3718

LIENHOLDER

CAB WEST LLC
260 INTERSTATE N PKWY NW R0040
ATLANTA L0139

GA 30339
0 144112120064143

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
VALIDATED REGISTRATION CARD
READ REVERSE SIDE - IMPORTANT INSTRUCTIONS

K6183[redacted]

E20082

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 DD CRYPT A

		CALLEGOS	BLISCOE			
	MORRIN	GRIFFIN	X	TREE		
		ABALAZAR	SCOTT	FINLEY		

Flagged Yes X No

Blind Check Initiated By: LEWIN Date: 1-31-07

Interment space for: Mary A. Franklin

Interment Date: 2/2/07 Time: 10:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 256 Gr: 9

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20082

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 1/29/07		From: Paulette	
To: CA Bural		Telephone #: (619) 527-3400	
Telephone #:		Fax #: (619) 527-3403	
Fax #		Pages (including this cover sheet):	
Subject: Information to be filled in by Mortuary			

Confirmation of date, time and if Mortuary is paying for burial must be received by Mt Hope Cemetery with-in 24 hrs of receipt or service will not be scheduled

Date and time faxed to Mortuary:	1/29 1:20pm
Burial fee amount due:	$ 3,896.77
Burial service fee for:	Mary A Franklin
Date and time of burial service:	Friday Feb 2 10:00
Due date of burial fee to Mt Hope Cemetery:	Weds Jan 31 9:00
Prepared by:	Paulette Crawford
Signature:	Paulette Crawford
Mortuary Approval (print name):	
Signature:	
Date faxed back to Mt. Hope Cemetery:	01/30/2007
Comments: Mortuary's Signature will constitute agreement to pay for services requested	

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

EZ0082

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
MARY	ALICE	FRANKLIN	05/08/1938	01/25/2007	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	BARRY FRANKLIN, HUSBAND 3061 MANOS DRIVE 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	Charlotte Russ	02/01/2007

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	02/01/2007	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 2-2-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Jeanny	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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 — V59e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

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.)

E20082

[redacted] Weds Chapel service noon [redacted]

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

non-resident

Date 1/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cicero Raney Jr. 230677

In a DD CRYPT "B" Funeral, date, time Thurs. February 1 1:00
Type of Burial Container

Church, Chapel, Graveside _____ ; San Diego Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 15 Blk/Row W Lot 63 Grave 9

Grave space & Care Fund B-1891 1951	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup Master card # 200.00 pd	—
Burial Container	717.00
Handling Fees	604.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	55.57
Total Due	1461.57
Paid receipt number MC 278056	- 200.00
Balance due	1261.57

PAID

JAN 30 2007

MOUNT HOPE CEMETERY

R-59404 1,261.57

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

+ 230676
Print Name

+ _____
Address

+ _____
City Zip Code

+ _____
Telephone

See attached

Mortuary to pay

Work Order # E 20083

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

weds chapel service noon

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

non-resident

Date 1/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cicero Raney Jr.

in a DD CRYPT "B" (Type of Burial Container) Funeral, date, time Thurs. February 1 1:00

Church, Chapel, Graveside _____ San Diego Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 15 Blk/Row ~ Lot 63 Grave 9

Grave space & Care Fund B-1891 1957	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup Master card $ 200.00 o/c	—
Burial Container	717.00
Handling Fees	604.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	55.57
Total Due	1461.57
Paid receipt number MC 278056	~ 200.00
Balance due	1261.57

I hereby certify I am the Sister Janet Raney of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

+ Janet Raney
Signature

+ JANET RANEY
Print Name

+ 2307 S Rimpau Blvd
Address

Los Angeles CA 90016
City Zip Code

+ 323 737-6088
Telephone

Mortuary to pay

Work Order # E 20023

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request

Att# 619 527-3403

CONFIDENTIAL
URRENCY

FACSIMILE COVER SHEET

DATE: 1-30-07

ATTENTION: Pauline

FROM: Janet Roney

THIS DOCUMENT CONSISTS OF ____ PAGES (including cover page)

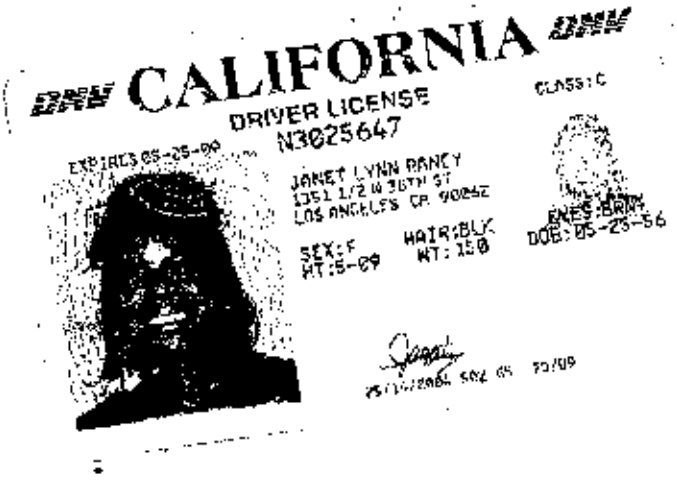
COMMENTS:

Per your request I sending you the release form for my Brother.

Thank

Janet

E20083


DMV CALIFORNIA DMV

DRIVER LICENSE

N3025647

CLASS C

EXPIRES 05-25-99

JANET LYNN PANCY
1351 1/2 W 36TH ST
LOS ANGELES CA 90062

SEX:F HAIR:BLK
HT:5-09 WT:150

ENES:BRN
DOB:05-25-56

E-20083

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 D.D A+B

			Ball Raney X	Raney	Lockett	
		White		Jefferson		

Flagged Yes X No

Blind Check Initiated By: Kevin Date: 1-30.07

Interment space for: Cicero Raney Jr

Interment Date: 2-2-07 THUR Time: 1 PM

Div: 7 Sect: 15 Blk/Row: ____ Lot: 63 Gr: 9

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 _____

E20085

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

TE / TIME RECEIVED CALL: 1/26/07

LL TAKEN BY: Maria

CEIVED CALL FROM:

☒ MORTUARY NAME: Pending
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON:
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED: Son

ME OF DECEASED:

LAST NAME: Raney
FIRST NAME: Cicero INITIAL:
D.O.D. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: x x

UNERAL SERVICE:
YPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE
OCATION OF SERVICE:
ATE OF SERVICE: TIME OF SERVICE:
XPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

EMETERY PROPERTY: ☐ A/N ☐ P/N ☐ P/N Trust

DIV: 7 SECT: 15 BLK/ROW: LOT: 63 GR: 9
☐ SINGLE GRAVE ☒ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

EMETERY SERVICE:
YPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS:

1887 disint.
717 - b/c
604 - h/f
85 - r/f
55.57
TAV

$ 3,348.57 ← disinterment
E20083

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

54

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CICERO	CEASAR	RANEY	11/26/1952	01/17/2007 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
SACRAMENTO	SACRAMENTO	JANET RANEY, SISTER 2307 S. RIMPOU BLVD LOS ANGELES, CA 90016

7A. TYPED NAME AND ADDRESS OF 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		01/29/2007

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	01/29/2007	GLENNAH I TROCHET, 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
SACRAMENTO HEALTH DEPARTMENT 7001 EAST PARKWAY, SUITE 600 SACRAMENTO, CA 95823	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 2-1-07	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.

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.)

E20083

Non-resident disinterment + reinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cicero Raney Sr.

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Feb 1 2007 Thurs

Church, Chapel, Graveside _____ : San Diego Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 15 Blk/Row ~ Lot 63 Grave 9

Grave space & Care Fund	~~1887.00~~ Ø
Overtime/Late Arrival Fees DD Interment/Reinterment	~~1887.00~~
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	Ø
Total Due	~~1887.00~~
Paid receipt number	Ø
Balance due	Ø

I hereby certify I am the ✓ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____
Signature

X _____
Print Name

X _____
Address

City _____ Zip Code

Telephone See attached

Invoice # _____

Work Order # E 20084

Acct. # _____

REA-104 (3-04) This info

Janette Raney

Fax #

323-296-4881

Mark areas she needs to fill out

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Non-resident
disinterment
Reinterment

Date 1/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cicero Raney Sr.

in a DD crypt "A" (Type Mobile Container) Funeral, date, time

Church, Chapel, Graveside San Diego Memorial Mortuary.

All Funeral cent must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned.

Division 7 Section 15 Blk/Row ~ Lot 63 Grave 9

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees Disinterment/reinterment	~~1887.00~~
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	Ø
Total Due	~~1887.00~~
Paid receipt number	
Balance due	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.

I hereby authorize the interment in lot I hold under deed

Janet Raney
Signature

X JANET RANEY
Print Name

X 2307 S. Rimpau Blvd
Address

Los Angeles, Ca. 90016
City Zip Code

X 323 737-6088
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20084

This information is available in alternative formats upon request.

[redacted] [redacted] 5362

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY – WORK REQUEST

Date: 1/23/07 Submitted By: Paulette

Name of Contact Person: Maria

Address: _____ Apt. / Space: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Relationship to Deceased: _____

Name of Deceased(s): Cicero C. Raney

LOCATION:

Div: 7 Sect: 16 Row/Blk: — Lot: 63 Gr: 9

- ☐ Raise / Level / Reseed / Resod Grave
- ☐ Raise / Lower / Level Marker
- ☐ Install Galvanize Flower Can
- ☐ Install Trion Flower Vase
- ☐ Install Foundation Size _____
- ☑ Install Border with ____ Vase(s) / without
- ☐ Install Government Marker – Bronze / Granite
- ☐ Install Marker(s) – as indicated below
- ☒ Other Special Instructions: Per Family this grave was Extra-Deep also, the same as the one next to it grave (10).

VAULT 28"

Probe depness

NOTE —

7-15-63-9 22" DEEP

7-15-63-10 25" DEEP

Call Sheila With findings.

Work Completed By: David Noriega Date: 1-23-07

Work Signed Off By: _____ Date: _____

REA-110 (1-04) E20083

01/31/2007

Per David Lugo Cemetery Manager & B-1891 Interment order - Gravesite should have been dug extra deep on 04/13/1981. Disinterment fee was waived. Gravesite has a DD crypt.

MT. HOPE CEMETERY

INTERMENT ORDER

Transfer

City of San Diego

Date 1/30/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of to Robert T. Denny

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 250 & 251 Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... PAID ..... _____

Burial Container ..... _____

Handling Fees ..... JAN 30 2007 ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... MOUNT HOPE CEMETERY 85-

Sales taxes ..... _____

Total Due 85-

Paid receipt number R-54950 85

Balance due 0

I hereby certify I am the + Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Robert T. Denny
Signature

X Robert T. Denny
Print Name

X 2400 Alpine Blvd #148
Address

X Alpine, Ca 91901
City Zip Code

+ 619 445-5504
Telephone

Work Order # E 20085

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

* Printed on recycled paper

12167

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DUPLICATE

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Russell V. Fitch for the sum of $ 145.00 (DOLLARS)

LEGAL DESCRIPTION Lot 250, Section 3, Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER C-4591

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Cemetery Manager

Real Estate Assets Director

PY-584 (Rev. 4-95)

This information is available in alternative formats upon request.

E20085

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 8 Section 3 Lot 250* 251 Grave _____

2. My legal authority to the above property is based on the following facts: I am The Step-son of Russell V. Fitch, deceased on 11/26/71 Son of Dorothy Fern Fitch, who died 6/26/67.

3. I have presented the following evidence to support the above facts.
Copy of my birth certificate. Copy of Death Certificate for Dorothy Fern Fitch & Notice of Service For Russell V. Fitch.

DL

Rev. 08/05

E20085

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 1-30 (Date), 2007 in San Diego (City)

Signature [signature] Print Full Name Robert T. Denny

To have deed sent to you, fill in your mailing address here:

Full Name Robert T. Denny

Address 2400 Alpine Blvd. #148

City, State & Zip Code Alpine, Ca 91901

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 _____

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

FOR OFFICE USE ONLY

Witnessed:

Signed on Jan 30 (Date), 2007 in San Diego (City)

Signature [signature] Print Full Name David Luge

Documents Presented:

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) _____

DL

Rev. 08/05

C20085

BUREAU OF VITAL STATISTICS
DEPARTMENT OF HEALTH
CITY OF INDIANAPOLIS

Certificate of Birth Registration

This Certifies that, a certificate of birth is on file at this office

bearing the name ROBERT THOMAS DENNY

Born at 1918 W. WYOMING ST. Father's Name ALBERT DENNY

on MARCH 1, 19 28 Mother's Name DOROTHY DENNY

No. of Certificate 1123

Signed [signature]
Commissioner of Health.

E20085

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND 8000 CERTIFICATE NUMBER

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
Dorothy	Fern	Fitch	June 26, 1967	7:55 A.

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)
Female	White	Indiana	March 2, 1904	63 YEARS

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER
George Thomas, Ind.	Amanda Perry, Unk.	U.S.A.	305-07-2260

12. LAST OCCUPATION	13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE)	15. KIND OF INDUSTRY OR BUSINESS
Comptometer Oper.	--	San Diego County	Ret.

16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	18a. NAME OF PRESENT SPOUSE	18b. PRESENT OR LAST OCCUPATION OF SPOUSE
No	Married	Russell V. Fitch	Dist.Mgr. Circulati Daily Calif.Newspap

19a. PLACE OF DEATH—NAME OF HOSPITAL	19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER)		
El Cajon Valley Hospital	1688 E. Main	☒ WITHIN CITY CORPORATE LIMITS	☐ OUTSIDE CITY CORPORATE LIMITS

19c. CITY OR TOWN	19d. COUNTY	19e. LENGTH OF STAY IN COUNTY OF DEATH	19f. LENGTH OF STAY IN CALIFORNIA
El Cajon	San Diego	14 YEARS	14 YEARS

20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER)	20b. IF INSIDE CITY CORPORATE LIMITS CHECK HERE ☐	IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE: ☐ ON A FARM ☒ NOT ON A FARM	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)
12344 Rockcrest Rd.			Husband

20c. CITY OR TOWN	20d. COUNTY	20e. STATE	21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE)
Lakeside	San Diego	Calif.	Same

22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 8-4-61 TO 6-26-67 AND THAT I LAST SAW THE DECEASED ALIVE ON 6/26/67

22c. PHYSICIAN OR CORONER—SIGNATURE ▶ S. Matthew Bergs M.D. (SIGNATURE OR TITLE)

22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD _____ (INVESTIGATION, AUTOPSY, INQUEST) ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.

22d. ADDRESS 1420 E. Main El Cajon California

22e. DATE SIGNED 6/26/67

23. SPECIFY BURIAL, CREMATION OR REMOVAL	24. DATE	25. NAME OF CEMETERY OR CREMATORY	26. SIGNATURE (OPERATOR) AND LICENSE NUMBER
Burial	6/28/67	Mt. Hope Cemetery	[signature] 2822

27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR	29. LOCAL REGISTRAR—SIGNATURE
Lakeside Funeral Chapel	JUN 28 1967	▶ [signature]

30. CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY:

	ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Asystole of the Heart	45 min.
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST — DUE TO (B)	Acute myocardial Infarction	3 days
DUE TO (C)		

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

Old myocardial Infarction

31. OPERATION—CHECK ONE:	32. DATE OF OPERATION	33. AUTOPSY—CHECK ONE:
☒ NO OPERATION PERFORMED ☐ OPERATION PERFORMED—PERTINENT FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ OPERATION PERFORMED—PERTINENT FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		☒ NO AUTOPSY PERFORMED ☐ AUTOPSY PERFORMED—PERTINENT FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ AUTOPSY PERFORMED—PERTINENT FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34b. DESCRIBE HOW INJURY OCCURRED (GIVE ADDRESS OF PLACE WHERE INJURY OCCURRED)
35a. TIME OF INJURY (HOUR, MONTH, DAY, YEAR)	

35b. INJURY OCCURRED	36c. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)	35c. CITY, TOWN, OR LOCATION COUNTY STATE
☐ WHILE AT WORK ☐ NOT WHILE AT WORK		

Rev. 1-1-66 Form VS-11

I hereby certify that I am the duly appointed Director of Public Health, this is a true and correct copy of the original document filed in the Office of Public Health.

Fee: $2.00
Dated: JUN 28 1967

E20085

the lord's prayer

Our Father, which art in heaven,
Hallowed be thy name. Thy kingdom
come. Thy will be done in earth
as it is in heaven. Give us this day
our daily bread. And forgive us our debts
as we forgive our debtors.
And lead us not into temptation,
but deliver us from evil; For thine
is the kingdom and the power
and the glory, forever. Amen

IN MEMORY OF

Russell Vern Fitch
1898 - 1971

SERVICES
Wednesday, 2:00 PM
December 1, 1971
Paris Mortuary Chapel

OFFICIANT
Rev. Earl S. Christofferson

ORGANIST
Elizabeth Montgomery

CREMATION

E20085

Paris Mortuary

374 NORTH MAGNOLIA AVENUE
EL CAJON, CALIFORNIA 92020

EZ0085

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need $ resident fee

Date 01/30/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nadir Boulazreg Pin 230688

in a muslim slab Funeral, date, time Sat. Feb 3 2007
Type of Burial Container

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 92 Grave _____

Grave space & Care Fund	~~851.00~~
Overtime/Late Arrival Fees Sat. Svc	533.00
Opening/Closing & Setup	114.00
Burial Container SLAB	—
Handling Fees	—
Flower vases – Marker setting fee	65.00
Recording/Filing/Transfer Fees	8.04
Sales taxes	1571.84
Total Due	1,571.84
Paid receipt number MC 2/2/07 10:06 AM AP 002749 Balance due	0

PAID

FEB - 2 2007

MOUNT HOPE CEMETERY

I hereby certify I am the Sister _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin 230689

I hereby authorize the interment in lot I hold under deed.

_____
Signature

Soria Boulazreg
Print Name
2000 Montego Ave #148
Address
Escondido, CA 92026
City Zip Code
(760) 735-5121
Telephone

Invoice # _____

Work Order # E 20086

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

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

			X			

Flagged **Yes** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Nadir Boulazreg

Interment Date: Sat Feb 3 2007 Time: _____

Div: Mus Sect: _____ Blk/Row: _____ Lot: 92 Gr: _____

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20086

original given to family

Muslim Lot 92
Boulazreg Nadir

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 02/02/07 TIME: 10:06:00
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 242
CD TYPE: VISA
TR Muslim PR

TOTAL: $1571.84M

ACCT: **********0101 EXP: ****
AP: 002749 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 Phone / Mail

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E20086 S

Saturday Fee.	851.-
	533-
O/C	114.-
b/c	65.-
rtf	8.84
Tax	
	1571.84

Muslim 92 Lot

Service of Nadir Boulazreg

N

(8) 342-0848
file://C:\Documents and Settings\HP_Owner\Local Settings\Temp\NamoWe_temp_2264f68.htm 1/28/2007

To: Salim via Soria Sultani
Fax: 619-688-1591
From: Najette Boulagreg (Martin)

Dear Salim,

this is to authorize you to take the plot I bought to give it to my brother Nadir Boulagreg. It is the cemetery plot next to our mother Bachata.

thank you very much.

Please do not hesitate to call if you have any questions: Tel: 416-231-6683 cell: 416-524-7971 _ My mother Azzedine and I are arriving at San Diego Airport at 2:30 PM.

E20086

Signed Saturday February 3/07

Najette Martin

NAJETTE MARTIN (BOULAGREG)

Najette

Page 9 of 12

Sat. 851.—
O/C 533.—
Slab 114-
R/f 65—
Tax 884

1571.84

Muslim '92
Nadir Boulaz reg service

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 02/02/07 TIME: 10:06:00
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 242
CD TYPE: VISA
TR TYPE: PR

TOTAL: $1571.84M

ACCT: **********0101 EXP: ****
AP: 002749 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 Phone / Mail
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E20086

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
NADIR	-	BOULAZREG	12/20/1950	02/01/2007	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	SORIA SOLTANI, SISTER 2000 MONTEGO AVENUE #148 ESCONDIDO, CA 92026

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking control	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ Mark Tenkins	02/02/2007

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	02/02/2007	▶ 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 2-3-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 — VS9a (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.)

E20086

MT. HOPE CEMETERY

INTERMENT ORDER

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102

Date Jan 30, 2007

230679

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregory Walter Harper, Jr.

in a Double Depth "A" (Type of Burial Container) Funeral, date, time Feb. 2 Friday 12:00

Church, Chapel, Graveside St. Luke Ilaw : Ca Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 160 Grave 1

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	~~385.00~~
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.00
Total Due	3,896.77
Paid receipt number R-59952	3,896.77
Balance due	0

PAID
JAN 30 2007
MOUNT HOPE CEMETERY

I hereby certify I am the xSister _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

230678

I hereby authorize the interment in lot I hold under deed.

xAngelika Taylor
Signature

xAngelika Taylor
Print Name
x4906 Tassajara Rd #1209
Address
xDublin 94568
City Zip Code
x619-246-6329
Telephone

Invoice # _____

Work Order # E 20087

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE COPY - TO CUSTOMER

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

59992

Date: Jan. 30, 2007

From: Angelika Taylor Address: 4900 Tassajara Rd #1209 Dublin 94

Three Thousand eight Hundred ninety six 77/100 Dollars ($ 3896.77)

in Money order Payment of Gregory W Harper, Jr. DD 15* service

Div 12 Sec 1 Blk/Row Lot 160 Grave 1

Invoice No. E-20087

Acct. No.

W.O.

BALANCE DUE 0

☑ Money Order
☐ Charge
☐ Check

AC-212A (11-05)
This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184	2,264	
80% Sales	100	633	
of Lots	77184		
Opening/	100	539	
Closing	77181	454	
Burial	100		
Containers	77182	65	
	100		
Handling Fee	77185	41	77
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101		
	78390		
TOTAL PAID	$	3,896.	77

E20087

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

25

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GREGORY	WALTER	HARPER	06/25/1981	01/26/2007 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	THELMA HARPER, MOTHER 4226 UTAH STREET #1 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
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchel	1/30/07

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN 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	01/30/2007	▶ 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 2-2-07	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 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.)

E20087

FUNERAL/BURIAL VERIFICATION LETTER BC-VOC-0265 (REV. 01/01)

SAN DIEGO COUNTY

SAN DIEGO DA 073
VICTIM WITNESS CENTER
PO BOX 121011
SAN DIEGO, CA 92112-1011
(619) 531-3915

April 2, 2007

MT HOPE CEMETARY
3751 MARKET STREET
SAN DIEGO, CA 92102

CLAIM NUMBER:	958292 REQ. 4
CLAIM FOR:	TAYLOR ANGELIKA,A
DATE OF BIRTH:	N/A
FILED BY:	*N/A*
VICTIM:	HARPER GREGORY,W
PATIENTS ACCNT.:	N/A

FUNERAL/BURIAL VERIFICATION LETTER

Dear Funeral/Burial Service Provider,

ANGELIKA TAYLOR has filed a claim with the Victims Compensation Program for payment of funeral/burial expenses for GREGORY HARPER. Our decision concerning payment of these expenses depends, in part, upon the information that you provide.

Please complete the form below and attach a copy of the contract and itemized statement. Return them to us at the above address within 10 business days as required by Government Code Section 13962(b).

If you have any questions regarding this letter, please call our Customer Service Representative toll-free at 1-800-777-9229.

Thank you for helping crime victims and the California Victims Compensation Program.

EXPENSES:

Funeral/Mortuary	$
Cemetery	$ 1,632.77
Headstone	$
Burial Plot/Other	$ 2,264.00
Total	$ 3,896.77

(Please include the following details)

Date Plot Purchased 01/30/2007
For Whom? Gregory Walter Harper Jr.
( ) Single (X) Double
Price of single plot, if double plot was purchased $ 2,246.00

PAYMENTS:

Claimant Paid	$ 3,896.77
Insurance	$
Social Security	$
Other Payments	$
By Whom?	
Balance Due	$ 178.00 Marker
From Whom?	Installation Fee

Who contracted for these services?

Angelika Taylor

4900 Tassjara Rd #1209

Dublin 94568

CONTINUED ON REVERSE SIDE

E20087

Your Contact: DESMOND TOWNSEND **Phone:** (619)531-3915

Insurance Company | Phone ( )

Street Address | City | State | Zip Code

Name of Policyholder | Policy Number

PROVIDER DECLARATION: I declare under penalty of perjury under the laws of the State of California (Penal Code sections 72, 118, and 129) that: I have read all of the questions contained on this verification form, and to the best of my information and belief, all my answers are true, correct, and complete. I further understand that if I have provided any information that is false, intentionally incomplete, or misleading, I may be found liable under Government Code section 12650 for filing a false claim with the State of California and may also be guilty of a misdemeanor or a felony, punishable by six months or more in the county jail, up to four years in state prison, and/or fines up to ten thousand dollars ($10,000).

SIGNATURE of person completing this form | **Date**

Maria F. Dovensky | 04/06/2007

PRINT NAME and TITLE | **Phone**

Maria F. Dovensky - Administrative Aide II | (619) 527-5474

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

		Richardson			Bautista		
			LINE	x	Clippu		
		Ross	IRR.	Pratt	Foster		

Flagged Yes X No

Blind Check Initiated By: Kevin Date: 1-31-07

Interment space for: Gregory W. Harper Jr. Church

Interment Date: ~~[illegible]~~ Friday 2 Time:

Div: 12 Sect: 1 Blk/Row: Lot: 160 Gr: 1

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

CREMAINS WERE PLACED

E20087

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 1/29/07

CALL TAKEN BY: David

RECEIVED CALL FROM:

☑ MORTUARY NAME: Cal Burial
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: Earnestine Young
TELEPHONE NUMBER: 619 871 4287
RELATIONSHIP TO DECEASED: Aunt

NAME OF DECEASED:

LAST NAME: Harper
FIRST NAME: Gregory INITIAL:
D.O.B. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: ____ x ____ x ____

FUNERAL SERVICE:
TYPE OF SERVICE: ☑ CHURCH ☐ CHAPEL ☐ GRAVE SIDE
LOCATION OF SERVICE: [redacted] St. Luke
DATE OF SERVICE: 2/2 TIME OF SERVICE:
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: [redacted] AM

CEMETERY PROPERTY: ☑ A/N ☐ P/N ☐ P/N Trust

DIV: 12 SECT: [redacted] BLK/ROW: LOT: 160 GR: 1
☐ SINGLE GRAVE ☐ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:
TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS:

E20087

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61731

Date: June 15, 20 09

From: Jeanette Benyard Address: PO Box 112, Spring Valley CA 91976

Fifty and 00/00 Dollars ($ 50.00)

In Fill Payment of Balance due on setting fee of Harper, Gregory

Div 12 Sec 1 Blk/Row ____ Lot 160 Grave 1

Invoice No. E-20087

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Money Order
☐ Charge
☒ Check #190

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
JUN 15 2009
MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	50.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	50.00

AC-212A (11-08)
This information is available in alternative formats upon request.

Paid of R 61703

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61703

Date: June 2 , 20 09

From: Stephanie L. Clark Address: Mill Valley Rd CV CA 91913

One hundred Twenty eight ——— no/xx Dollars ($ 128.00)

in Partial Payment of Marker installation for Gregory Harper

Div 12 Sec 1 Blk/Row ____ Lot 160 Grave 1

Invoice No. E-20087

Acct. No. ____

W.O. ____

BALANCE DUE 50.00

Pd by Tranche 6/11/09

☐ Money Order
☐ Charge
☒ Check 107716

AC-212A (11-08)
This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUN 2 2009

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial	100		
Containers	77182 100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183	128	00
Sales Tax	60101 78390		
TOTAL PAID	$	128	00

Sound allowed for service

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
res. fee

Date 02/01/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Canh Truong 230694

in a Liner (Type of Burial Container) Funeral, date, time February 5, 2007 11:00

Church, Chapel, Graveside "Witness" Featheringill Mortuary.

619-7089716 JSAC nguyen

All Funeral cars must arrive 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 168 Grave 7

PAID

FEB - 1 2007

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	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3536.93
Paid receipt number R-59959	3536.93
Balance due	Ø

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

230693

I hereby authorize the interment in lot I hold under deed.

X [signature]
Signature

X TRUONG, NGOC
Print Name

X 6426 OSLER ST.
Address

X SAN DIEGO, CA 92111
City Zip Code

X (858)405-9622 or (858)614-8137
Telephone

Paulette

Work Order # E 20088

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

2/7/07 mailed Deed

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

		DIXON			ROBERTS	
		Ø	X			
	THOMAS			ORIOL		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 2-1-07

Interment space for: Canh Truong

Interment Date: Monday Feb 5 Time: 11:00 Chapel

Div: 12 Sect: 2 Blk/Row: — Lot: 168 Gr: 7

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 _____

E20088

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

62

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CANH	VAN	TRUONG	06/08/1944	01/30/2007	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	NGOC TRUONG, DAUGHTER 6426 OSLER ST. SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Bowen	01/31/2007

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	01/31/2007	▶ 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 1-6-07	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

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.)

E20088

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/2/2007

Pin: 230685

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bedri Haider Bedri (Infant)

in a slab Muslim Funeral, date, time Feb, 2 2 pm
Type of Burial Container

Church, Chapel, Graveside Graveside ; Prepared Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

- Baby -

Division Muslim Section _____ Blk/Row _____ Lot 68B Grave _____

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container SLAB	71.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	5.50
Total Due	319.50
Paid receipt number AP: 005228	319.50
Balance due	0

PAID
FEB - 2 2007
MOUNT HOPE CEMETERY

I hereby certify I am the Aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Rana Isaqi 230684
Print Name

7758 Via Capri
Address

San Diego, CA 92037
City Zip Code

(619) 846-6655
Telephone

Invoice # _____

Work Order # E 20089

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

254·50 +
65·00 +
0·0

000

0·00 +

slab — 71·00 +
o/c 178·00 +
tax 5·50 +
r/fee 65·00 +
000

319·50 =

0·0

E20099

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 1:22-07 12:25pm

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☑ MORTUARY NAME: Preferred
☑ FAMILY MEMBER / REPRESENTATIVE Sister of mother
CONTACT PERSON: Who Lost baby
TELEPHONE NUMBER: Rana 619-846-1665
RELATIONSHIP TO DECEASED: Sister

NAME OF DECEASED: Mothers name: Raya Mahmood

LAST NAME: Bedri) first & last name the same
FIRST NAME: Bedri INITIAL:
D.O.D. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: ____ x ____ x ____

FUNERAL SERVICE:
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE
LOCATION OF SERVICE:
DATE OF SERVICE: TIME OF SERVICE:
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

CEMETERY PROPERTY: ☐ A/N ☐ P/N ☐ P/N Trust

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: $ 27.67, Burial fees
$ 114. - setting fee
$ 44.17 - temp. marker) Quotes only
called
11:08 Mr Shah approved burial in Muslim section.

E20089

1/22
Call Sister (Rana) after mark gives me date of burial, so she can come in to pay.

Slab	71.00
O/C	178.00
R/f	65.00
Tax	5.50
	319.50

CERTIFICATE OF FETAL DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

USE BLACK INK ONLY. MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
VS 12 (1/07)

LOCAL REGISTRATION NUMBER

THIS FETUS

1A. NAME – FIRST	1B. MIDDLE	1C. LAST
BEDRI	-	BEDRI

2. SEX	3A. THIS FETUS, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS FETUS 1ST, 2ND, ETC.	4A. DATE OF EVENT mm/dd/ccyy	4B. HOUR (24 Hour Clock Time)
M	Twin	2nd	01/15/2007	2024

PLACE OF DELIVERY

5A. PLACE OF EVENT – NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS – Street, Number, or Location
Sharp Mary Birch Hospital	3003 Health Center Drive
5C. CITY	**5D. COUNTY**
San Diego	San Diego

FATHER/PARENT

6A. NAME OF FATHER/PARENT – FIRST	6B. MIDDLE	6C. LAST	7. BIRTHPLACE (State/Foreign Country)	8. DATE OF BIRTH mm/dd/ccyy
Haider	-	Bedri	Iraq	09/17/1975

MOTHER/PARENT

9A. NAME OF MOTHER/PARENT – FIRST	9B. MIDDLE	9C. LAST (Birth Name)	10. BIRTHPLACE (State/Foreign Country)	11. DATE OF BIRTH mm/dd/ccyy
Raya	K.	Mahmood	Iraq	06/14/1969

CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE FETAL DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

12A. SIGNATURE OF PHYSICIAN	12B. TYPED NAME AND DEGREE OF PHYSICIAN	12C. DATE SIGNED mm/dd/ccyy	12D. LICENSE NUMBER
Brent R. Livingston	Brent Livingston M.D.	02/02/2007	G24378
12E. SIGNATURE OF CORONER/DEPUTY (If Applicable)	12F. TYPED NAME AND TITLE OF CORONER/DEPUTY	12G. DATE SIGNED – mm/dd/ccyy	
		2/2/07	

FUNERAL DIRECTOR/LOCAL REGISTRAR

13A. TYPE OF DISPOSITION(S)	13B. PLACE OF FINAL DISPOSITION—Name and address	14A. SIGNATURE OF EMBALMER	14B. LICENSE NUMBER
Burial	Mt. Hope Cemetery	Not Embalmed	-
13C. DISPOSITION DATE mm/dd/ccyy	**15A. NAME OF FUNERAL ESTABLISHMENT**	**15B. LICENSE NUMBER**	**16. LOCAL REGISTRAR – SIGNATURE** / **17. REGISTRATION DATE mm/dd/ccyy**
02/02/2007	Preferred Cremation and Burial	FD1746	

CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY

CAUSE OF DEATH

18. INITIATING CAUSE OR CONDITION which most likely began the sequence of events resulting in the death of the fetus. Describe maternal conditions or diseases, complications of placenta, cord, or membranes, other obstetrical or pregnancy complications, fetal anomaly, fetal injury, fetal infection, or other fetal conditions/disorders.

IMMEDIATE CAUSE (A) Pathology Pending

DUE TO (B)

DUE TO (C)

19. DEATH REPORTED TO CORONER? ☐ YES REFERRAL NUMBER ☒ NO

20A. AUTOPSY PERFORMED? ☐ YES ☐ PLANNED ☐ REFUSED ☒ NO

20B. HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED? ☐ YES ☐ PLANNED ☒ NO

21. OTHER SIGNIFICANT CONDITIONS OF FETUS OR BIRTH MOTHER – CONTRIBUTING TO FETAL DEATH BUT NOT RELATED TO CAUSE GIVEN IN 18.

20C. AUTOPSY OR HISTOLOGICAL PLACENTAL RESULTS USED IN DETERMINING THE CAUSE OF DEATH? ☐ YES ☒ NO

GENETIC FATHER

23. IS FATHER HISPANIC, LATINO, OR SPANISH? (If yes, see worksheet on back)	22. RACE – Up to 3 races/ethnicities may be listed (See worksheet on back)	24C. EDUCATION – Highest Level/Degree (See worksheet on back)
☐ YES ☒ NO	Iraqi	Unknown
24. DATE LAST WORKED mm/ccyy	**24A. USUAL OCCUPATION**	**24B. KIND OF BUSINESS OR INDUSTRY**
Unknown	Unknown	Unknown

GENETIC MOTHER

26. IS MOTHER HISPANIC, LATINA, OR SPANISH? (If yes, see worksheet on back)	25. RACE – Up to 3 races/ethnicities may be listed (See worksheet on back)	27C. EDUCATION – Highest Level/Degree (See worksheet on back)
☐ YES ☒ NO	Iraqi	Unknown
27. DATE LAST WORKED mm/ccyy	**27A. USUAL OCCUPATION**	**27B. KIND OF BUSINESS OR INDUSTRY**
Unknown	Homemaker	Own Home

BIRTH MOTHER

28A. RESIDENCE–Street and Number, or Location (Do not enter P. O. Box Numbers)	28B. CITY	28C. STATE	28D. ZIP CODE	28E. COUNTY/PROVINCE
7758 Via Capri	La Jolla	CA	92037	San Diego

MEDICAL AND HEALTH DATA BIRTH MOTHER AND FETUS

29A. DATE LAST NORMAL MENSES BEGAN mm/dd/ccyy	29B. DATE OF FIRST PRENATAL CARE VISIT mm/dd/ccyy	29C. NUMBER OF PRENATAL CARE VISITS	29D. PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE	29E. DATE OF LAST PRENATAL CARE VISIT mm/dd/ccyy
05/15/2006	--/06/2006	4	CODE: 02	Unknown

29F. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY?	29G. MOTHER'S HEIGHT (Feet and Inches)	29H. MOTHER'S WEIGHT PREPREGNANCY (lbs)	29I. MOTHER'S WEIGHT AT DELIVERY (lbs)
Unknown	Unk	Unk	Unk

31. PREGNANCY HISTORY (COMPLETE EACH SECTION)

PREVIOUS LIVE BIRTHS		OTHER TERMINATIONS (EXCLUDE INDUCED ABORTIONS)	
A. NUMBER NOW LIVING	B. NUMBER NOW DEAD	D. NUMBER BEFORE 20 WEEKS	E. NUMBER AFTER 20 WEEKS
1	1	0	0

30. FETAL WEIGHT (Grams)	30A. OBSTETRIC EST. OF GESTATION AT DELIVERY (Completed Weeks)	30B. ESTIMATED TIME OF FETAL DEATH	C. DATE OF LAST LIVE BIRTH mm/dd/ccyy	F. DATE OF LAST OTHER TERMINATION mm/ccyy
2035	Unk	☐ DEAD AT TIME OF FIRST ASSESSMENT, NO LABOR ONGOING ☒ DEAD AT TIME OF FIRST ASSESSMENT, LABOR ONGOING ☐ DIED DURING LABOR, AFTER FIRST ASSESSMENT ☐ UNKNOWN TIME OF FETAL DEATH	01/15/2007	0

30. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY
For each time period, enter either the average number of cigarettes or packs of cigarettes smoked per day.
IF NONE, ENTER "0" for each time period.

	# of Cigarettes OR # of Packs	32A. METHOD OF DELIVERY	32B. EXPECTED SOURCE OF PAYMENT FOR DELIVERY
A. THREE MONTHS BEFORE PREGNANCY		CODES: 01	CODE: 02
B. FIRST THREE MONTHS OF PREGNANCY		33. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES CODE(S): 30	
C. SECOND THREE MONTHS OF PREGNANCY		34. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY CODE(S): 00	
D. THIRD TRIMESTER OF PREGNANCY		35. ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATED TO THE FETUS CODE(S): 00	

CORONER'S USE ONLY

37. MANNER OF DEATH ☐ Natural ☐ Accident ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined

38. INJURY DATE mm/dd/ccyy	39. HOUR	40. PLACE OF INJURY (Home, road, etc.)

41. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

42. LOCATION OF INJURY (Street and number, or location, city, and ZIP)

A B C D E F CENSUS TRACT

E20089

Mort. to Pay

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/2/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Terry 230696

in a Liner (Type of Burial Container) Funeral, date, time Tues Feb 6 11:30

Church, Chapel, Graveside Witness ; Lagsdale Mortuary Joseph called

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Low-Income

Division 11 Section 2 Blk/Row _____ Lot 9 Grave 5

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-59960	1,679.47
Balance due	0

PAID

FEB - 2 2007

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.

Barbara Goodlow
Signature

230695

Barbara Goodlow
Print Name

6157 Alderly St.
Address

San Diego, CA 92114
City Zip Code

Telephone

Invoice # _____

Work Order # E 20090

Acct # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

2/7/07 mailed Bill

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: Helen Terry

Address: 6157 Alderly St.

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 20,153	(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.

Barbara Goodlow 2-2-07

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 2/2/07

Approved by Date

Current SSI documents verified on:
Approved By
Date 2/2/07

$1679.47

DIVERSITY

E20090

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

SOCIAL SECURITY
2530 E PLAZA BLVD
NATIONAL CITY CA 91950

Social Security Administration
Supplemental Security Income
Notice of Planned Action

Date: November 26, 2006
Claim Number: 495-22-5046 DI

435 B005,M1E,028,006718 000006718 01 AT 0.308

HELEN A TERRY
6157 ALDERLEY ST
SAN DIEGO CA 92114-6716

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 2007 will be $53.00. This amount includes $53.00 from the State of California.
- Even though the law provides for an increase in Supplemental Security Income payments beginning January 2007 your payment will be lowered. This is because there will be an increase in the amount of Social Security benefits in January 2007 which we must count in figuring your Supplemental Security Income payment.

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 2007 is $823.00. This is based on the following income:

Your increased Social Security benefits–before any deductions for Medicare premiums– of $823.00. You should receive the increased Social Security benefit about January 3, 2007. We must count the increase in your benefits for January 2007 even though we are counting your other income for November 2006.

See Next Page

E20090

SOCIAL SECURITY
2530 E PLAZA BLVD
NATIONAL CITY CA 91950

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: November 26, 2006
Claim Number: 552-82-2824 DI

435 B085,M4E,127,012345 00002984S 01 AT 0.308

BARBARA A GOODLOW
6157 ALDERLY
SAN DIEGO CA 92114-6716

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 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 2007 will be $856.00. This amount includes $233.00 from the State of California.
- The amount due you is being raised because the law provides for an increase in Supplemental Security Income payments in January 2007 if there was an increase in the cost-of-living during the past year.

You Can Review The Information in Your Case

The decisions in this letter are based on the law. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations and policy statements used in deciding your case. To do so, please contact us. Our telephone number and address are shown under the heading "If You Have Any Questions."

See Next Page

SSA-L8151

1679.47

E20090

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.

Low Income **BURIAL CONTAINER** Liner

			X			Cullen
	STRACHAN			MAYFIELD		

Flagged **Yes** X **No**

Blind Check Initiated By: LEVIN Date: 2-5-7

Interment space for: Helen Terry

Interment Date: FEB 6 [illegible] Time:

Div: 11 Sect: 2 Blk/Row: Lot: 9 Gr: 5

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

E20090

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HELEN	A.	TERRY	07/25/1924	02/01/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BARBARA GOODLOW, DAUGHTER 6157 ALDERLEY 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	Sienna Pryor	02/02/2007

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	02/02/2007	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 2-6-07	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 — VS9a (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.)

E20090

Non-Res.
Pre-need to
At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/5/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Crystal Brazil ⊗ 230692

in a N/A (Type of Burial Container) Funeral, date, time Feb 26th 1:00 pm

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 W Lot 384 Grave 1

Grave space & Care Fund	566.-
Overtime/Late Arrival Fees	-
Opening/Closing & Setup	199.-
Burial Container	-
Handling Fees	-
Flower vases – Marker setting fee	-
Recording/Filing/Transfer Fees	85.-
Sales taxes	-
Total Due	850.-
Paid receipt number BofA Visa	850.-
Balance due	0

PAID
FEB - 5 2007
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 Pearl McGuire
Signature

230691
X Pearl McGuire
Print Name
X 9029 Jamacha Rd #42
Address
X Spring Valley Ca 91977
City Zip Code
X 619 303 8907
Telephone

Paulette

Work Order # E 20091

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

27 Mailed deed

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH N/A

Write in the name of the deceased for which the grave is for in th block marked with "X". 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

			JAY			
		HUBBARD				
		PETERSON	X	LUTHEI		
		DOMINGUEZ	MARTIN	PHILLIPS		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 2-23-07

Interment space for: CRYSTAL BEAZLE

Interment Date: MON. FEB 26 Time: 1PM

Div: 8 Sect: 4 Blk/Row: ____ Lot: 384 Gr: 1

Grave Laid out by: DAVID M.

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: ____

CREMAINS WERE PLACED _____

E20091

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
CRYSTAL	DeJUANIA	BRAZIL	01/21/1965	01/05/2002	FND

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	PEARL McGURIT-MOTHER 8832 JAMACHA RD APT 7, 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
WMS SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE, SAN DIEGO, CA 92104	FD-1575	▶	02/05/2007

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	02/05/2007 C. SHIELDS	▶ 2700173

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED: 2-26-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

EZ00911

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need Total of 12 Chairs LOW INCOME Date 2/5/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Curtis Blackman 230698

in a Liner (Type of Burial Container) Funeral, date, time Weds Feb 7, 2007 11:00

(Church) Chapel, Graveside _____ : Neptune Soc. Mortuary.

All Funeral cars 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 5 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-54962	1,679.47
Balance due	0

PAID

FEB - 5 2007

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.

230697

I hereby authorize the interment in lot I hold under deed.

Richard Blackman
Signature

Richard BLACKMAN
Print Name

5675 KENWOOD ST.
Address

SAN DIEGO 92114
City Zip Code

619-262-8858
Telephone

Invoice # _____

Work Order # E 20092

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MILITARY

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

—	FENCE		LINE			—
		VEAL	x	VICTORIA		HALL
		CUMMINGS				

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 2-5-07

Interment space for: Curtis Blackman

Interment Date: 2-7-07 Time: 11:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 5 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 ____

E20092

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: Curtis L Blackman

Address: 821-N-45th ST.

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.

X (Bro) 02-02-07
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 C 01 N8768365 4-29-09

Maria G. Docausky 2/05/07
Approved by Date

Current VA Letter documents verified on: 2/5/07
Approved By MFD
Date 2/5/07

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

E20092

DMV CALIFORNIA DMV
COMMERCIAL DRIVER LICENSE
N8768365
CLASS:B
RICHARD GLEN BLACKMAN
5675 KENWOOD ST
SAN DIEGO CA 92114
SEX:M
HT:5-11
HAIR:BLK
WT:200
EYES:BRN
DOB:04-29-60

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
(1-800-827-1000)
8810 Rio San Diego Drive
San Diego CA 92108

February 5, 2007

In Reply Refer To: 377/219
CSS 23 764 113
BLACKMAN, C L

CURTIS L BLACKMAN
4685 NOGAL ST#C
SAN DIEGO CA 92102

Dear Mr. Blackman:

This is in reply to your inquiry dated February 5, 2007.

Records of the Department of Veterans Affairs disclose that CURTIS L BLACKMAN receives pension in the amount of $881.00 monthly, effective December 1, 2006.

If you have any questions or desire further information, please call a benefits counselor at our nationwide toll-free number 1-800-827-1000.

Sincerely yours,

M Daniels

M. Daniels
Veterans Service Center Manager

Email us at: https://iris.va.gov/
RSG/10

E20092

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CURTIS	LEWELLYN	BLACKMAN	10/27/1945	01/29/2007	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	SHARMA LUERICE BLACKMAN, DAUGHTE 569 SOUTH MOLLISON AVENUE #D EL CAJON, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
NEPTUNE SOCIETY OF SAN DIEGO, 14065 OLD HWY #80 PO BX 2308 EL CAJON, CA 92021	FD1352	▶	02/02/2007

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	02/06/2007	▶ 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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO,CA 92102	11B. DATE BURIED 2/7/07	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.12/04)

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.)

E20092

At need
SD Resident
12 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/5/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie M. Gipson 230702

in a DD Crypt (2nd) Funeral, date, time Friday, FEB 9 @ 1:00pm
Type of Burial Container

Church Chapel Graveside _____ : Anderson-Ragsdale Mortuary,

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 33 Grave 10

Grave space & Care Fund E-7617	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fee	65.00
Sales taxes	
Total Due	598.00
Paid receipt number R-59963	598.00
Balance due	0

PAID
FEB - 5 2007
MOUNT HOPE CEMETERY

NAVY VET

I hereby certify I am the Daughter of the above named decedent and *his is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

230701

I hereby authorize the interment in lot I hold under deed.

Cheryl A. Everett
Signature

CHERYL A. EVERETT
Print Name

5350 CERVANTES AVE
Address

SD. CA 92114
City Zip Code

(619) 263-2428
Telephone

Invoice # _____

Work Order # E 20093

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20093

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH GIPSON, MAX

Write in the name of the deceased for which the grave is for in the block marked with "X". 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. "B"

		JONES				
	KROBOTH		GIPSON X	WIGGINS		
	BIZEOWSKI		DUNAWAY	MUNDAY		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 2-5-07

Interment space for: WILLIE GIPSON

Interment Date: 2-9-07 FLI Time: 1PM (CHAPEL)

Div: 11 Sect: 2 Blk/Row: ____ Lot: 33 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 _____

E20093

E 20093

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	MARVIN	GIPSON	01/17/1925	02/02/2007	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	CHERYL EVERETT, DAUGHTER 5250 CERVANTES 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	▶ Jennifer Pryor	02/05/2007

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	02/06/2007	▶ 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 2-9-07	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 2 IS RETAINED BY 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.)

E20093

15th of month

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot/Trust

Date 2/5/07

230782

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Jacquelyn M. Mason ?

in a double-casket A + B (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row — Lot 87 Grave 7

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2@2 @ $533.00	1066.-
Burial Container	534.-
Handling Fees	454.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees 2 R/C @ 65.00	130.-
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number P-00680	2,700.00
Balance due	1,794.77

PAID

JUL 2 2009

P01831

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this authorizes disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

230782

I hereby authorize the interment in lot I hold under deed.

X

Signature

X

Print Name

Address

City Zip Code

Telephone

Paulette

Work Order # E 20094

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20094

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

This Agreement entered into this 5th day of February, 2007, Between Jacquelyn Mason, 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 87, Grave 7, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $4,494.77, payable as follows: $2,700.00 cash herewith, the receipt of which is hereby acknowledged; $74.79 on the 10 day of March, 2007;. And the balance in installments of $74.60 or more, payable at the office of Mt. Hope Cemetery, on the 16th 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

current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

E 20094

WITNESS our hands this day and year above written.

TOTAL $ 4,494.72

DOWNPAYMENT $ 2,700.00

23 MONTHS $ 74.79

FINAL
24TH MONTH $ 74.60

TWO YEAR CONTRACT

I agree to pay the required monthly

Payments of $ 74.79 for 23 months.

Final payment to be $ 74.60 on

The 24th month.

First monthly payment to begin on:

MONTH March

YEAR 2007

Purchaser's Signature x Jacquelyn M. Mason

PURCHASER PHONE x (619) 447-1075

x JACQUELYN M. MASON
Print Name

x Jacquelyn M. Mason
Signature

x 5027 Gurnell St
Street Address (Mail)

x San Diego CA 92113
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery
3751 Market Street
San Diego CA 92101

By: Paulette Crawford

PC:pc
April 3, 2006

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

In grave with Bob Evans

Date 2-6-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Jo Evans 230710

in a O.D Crypt "B" Funeral, date, time Monday, Feb. 12 1200

Type of Burial Container

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 $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 225 Grave 3

Grave space & Care Fund E-19365	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container ..... DD Crypt B	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	Ø
Paid receipt number N/A	—
Balance due	Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____
Signature

X _____
Print Name

X _____
Address

_____
City Zip Code

X _____
Telephone

See attached

Invoice # _____

Work Order # E 20095 Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20095

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Basil Evans DD 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.

BURIAL CONTAINER DD crypt "B"

			ANDERS			
	COLLINS	PAYNE	EVANS X	TREE		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 2-8-07

Interment space for: Mary Jo. Evans

Interment Date: Monday Febr. 12th Time: NOON

Div: 12 Sect: 2 Blk/Row: ____ Lot: 225 Gr: 3

Grave Laid out by: Norman Fegan / UNION

Agrees with Legal Card: ☐ Yes ☐ No VASE IN GRAVE

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20095

E20095

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 89

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARY	JO	EVANS	09/01/1917	02/06/2007	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 GRAHAM, GRANDDAUGHTER 4554 HIGHLAND AVENUE SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person Giving Material	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sunnika Pryor	02/12/2007

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	02/12/2007	WILMA WOOTEN, 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 2-12-07	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.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — V59e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

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.)

E20095

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

In grave with Earl Evans

Date 2-6-07

You are hereby authorized and instructed, subject to your rules and regulations, to enter the remains of Mary Jo Evans in a D.O crypt "B" (Type of Burial Container) Funeral, date, time Monday Feb 12 1220 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 12 Section 2 Blk/Row Lot 225 Grave 3

Grave space & Care Fund E-19365	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container DO crypt B	—
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 Granddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[signature]
Signature

X Shirley Graham
Print Name
X 4554 Highland Ave
Address
X San Diego CA
City Zip Code
X 619-281-6128
Telephone

Invoice #

Work Order # E 20095

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

E20095

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

A Pre-Need Atneed

Date 2-7-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Ludio Nieves Sr. 230704

in a DDCRYPT "A" (Type of Burial Container) Funeral, date, time Thursday Mar. 8, 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 $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 248 Grave 9

Grave space & Care Fund	2,264.-
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	3,896.77
Paid receipt number P-00686	3896.77
Balance due	Ø

PAID

FEB - 7 2007

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.

230703

I hereby authorize the interment in lot I hold under deed.

x [signature]
Signature

x Ludio Nieves Jr.
Print Name

x 1401 Thermal Ave.
Address

x San Diego 92154
City Zip Code

x 619-934-9006
Telephone

Dawlett

Invoice # _____

Work Order # E 20096

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20096

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

	WADE					
SMITH	~~SMITH~~		X	CHAMBERS		
		BAILEY	ECHEVARRIA	SQUIRE		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 3-5-07

Interment space for: Ludio Nieves Sr.

Interment Date: Thursday March 8th Time: 11:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 248 Gr: 9

Grave Laid out by: Herman Esquivel

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20096

E20096

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

90

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LUDIO	C.	NIEVES	08/04/1916	03/03/2007	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	LUDIO NIEVES JR., SON 1401 THERMAL AVE. 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	▶ C D. Humphrey	3/08/07

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	03/08/2007	▶ WILMA WOOTEN, 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 SAN DIEGO, CA 92102	11B. DATE BURIED 3-8-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Jennings	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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.)

E20096

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need res. fee Low income

Date 2-7-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ronnie Esters 230712

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Monday Feb 12, 12:00

Church, Chapel, Graveside _____ ; CA Burial Mortuary. 229-2747 claudeHc

All Funeral cars 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 12 Grave 6

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	41.77
Total Due	2465.47
Paid receipt number R-59968	-1,000.00
Balance due	1465.47

PAID

FEB - 8 2007

MOUNT HOPE CEMETERY

pt. of E-20098

R-59970 1465.47

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.

207195

I hereby authorize the interment in lot I hold under deed.

x Almeta Esters
Signature

+ Almeta H. Esters
Print Name

+ 7364 Gribble St
Address

+ San Diego, CA 92114
City

+ 619-262-7422
Telephone

Zip Code

Invoice # _____

Work Order # E 20097

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20097

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 D.D. CRYPT A & B

—	FENCE		LINE		—	
			x	HENLY		
	LOETHANER			KOONTZ		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 2-8-7

Interment space for: Ronnie & Ricky Esters

Interment Date: Mon. Feb. 12 Time: 12:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 12 Gr: 6

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 ____

E20097

Revised June 2006 E 20097

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: Ronnie G Esters

Address: 7364 Gribble St

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.

Almeta Esters Mother 2-8-07

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 F. Coverley 2/8/07

Approved by Date

Current SSA documents verified on: 2/8/07

Approved By MFD

Date 2/8/07

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

E20097

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E20097

E 20097

CALIFORNIA
IDENTIFICATION CARD
EXPIRES 04-29-08
N5612100
RONNIE GERALD ESTERS
7364 GRIBBLE ST
SAN DIEGO CA 92114
SEX:M HAIR:BLK EYES:BRN
HT:5-11 WT:280 DOB:04-29-57
01/10/2003 669 22 FD/00

E20097

SOCIAL SECURITY ADMINISTRATION

Date: February 7, 2007
Claim Number: 558-98-8240DI

RONNIE G ESTERS
7364 GRIBBLE ST
SAN DIEGO CA 92114-4617

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 January 2007, the current Supplemental Security Income payment is.....$ 856.00

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.)

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 619-267-1175. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
GROUND FLOOR
2530 E PLAZA BOULEVARD
NATIONAL CITY, CA 91950

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

M Sexger

OFFICE MANAGER

E20097

E 20097

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
RONNIE	GERALD	ESTERS	04/29/1957	02/06/2007	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	ALMETA ESTERS, MOTHER 7364 GRIBBLE ST. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	[signature]	02/9/2007

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	02/09/2007	WILMA WOOTEN, 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 2-12-07	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

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.)

E20097

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
res. fee

Date 2-7-07

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ricky Esters 230711

in a D.D. CRYPT "B" (Type of Burial Container) Funeral, date, time Monday Feb 12, 12:00

Church, Chapel, Graveside CA Burial Mortuary 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. _____

Division 11 Section 2 Blk/Row _____ Lot 12 Grave 6

Grave space & Care Fund SEE E-20097	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	
Total Due	32.50
SEE E-20097 Paid receipt number R-59970	32.50
Balance due	0

PAID
FEB - 8 2007
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.

207795

I hereby authorize the interment in lot I hold under deed.

Signature Almeta Esters

Almeta H. Ester
Print Name
7364 Trouble St.
Address
San Diego CA 92114
City Zip Code
619-262-7422
Telephone

Invoice # _____

Work Order # E 20098

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Neice : Crystal
619) 395-3344

E 20098

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: Ricky D. Esters

Address: 7364 Gribble St.

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.

Almita Esters Mother 2-8-07

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 C. Donnelly 2/8/07

Approved by Date

Current SSA documents verified on: 2/8/07

Approved By MFD

Date 2/8/07

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

E20098

E20098

CALIFORNIA
IDENTIFICATION CARD
N7121622
EXPIRES 12-11-82
RICKY DUANE [illegible]
7364 GRISDALE ST
SAN DIEGO CA 92114
SEX: M [illegible] EYES: BRO
HT: 5-05 WT: 210 DOB: 12-11-58
12/31/96 614 02/ 1986

E20098

E 20098

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: March 4, 2006
Claim Number: 571-13-1921 DI

435 SC02,M02,113,010773 000025773 01 AV 0.278

ALMETA ESTERS
FOR RICKY ESTERS
7364 GRIBBLE ST
SAN DIEGO CA 92114-4617

Type of Payment:
Individual--Disabled

We are writing to tell you about changes in RICKY ESTERS' 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 page 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 RICKY ESTERS Will Be Changed As Follows:

From	Through	Amount Due Each Month
April 1, 2006	Continuing	$836.00 This includes $233.00 from the State of California.

Why RICKY ESTERS' Payments Changed

His SSI includes money from the State of California. His State changed the amount of money it tells us to pay its residents. Therefore, we will increase his State payment amount for April 2006.

Information About RICKY ESTERS' Payments

His regular monthly check of $836.00 will be sent to you about the first day of April 2006.

See Next Page

SSA-L8151

E20098

You Can Review The Information in RICKY ESTERS' Case

The decisions in this letter are based on the law. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations and policy statements used in deciding his case. To do so, please contact us. Our telephone number and address are shown under the heading "If You Have Any Questions."

Things To Remember

- This information is also being sent to RICKY ESTERS.
- Would RICKY ESTERS' like to work? If so, you should know about special Supplemental Security Income (SSI) rules. These rules can help him keep Medicaid and may help him keep getting some SSI even though he is working. The enclosed fact sheet tells you more about special SSI rules for people who work.

If You Disagree With The Decision

You do not have the right to appeal the State's decision to change payments for its residents.

However, if you disagree with the way we figured RICKY ESTERS' payment, you may appeal this part of the decision. We will review your case and consider any new facts you have.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- To appeal, you must fill out a form called "Request for Reconsideration." The form number is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case Review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case. This is the only kind of appeal you can have to appeal a medical decision.

E 20098

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

18

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RICKY	D.	ESTERS	12/11/1958	02/05/2007	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	ALMETA ESTERS, MOTHER 7364 GRIBBLE 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		2/8/2007

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	02/08/2007	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 2-12-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norma Fenguera	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. 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.)

E20098

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-8-07

230700 230699

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ___ Nandy Dye Co-guardianship of Gladys Taylor.

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 5 Section 2 Blk/Row W Lot 1 Grave 3

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	
Total Due	85.-
Paid receipt number R-59969	85.-
Balance due	0

PAID

FEB - 8 2007

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____
Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # See attached for Signatures

Acct. # _____

Work Order # E 20099

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20099

Nancy A. Dye
446 Lake Mirror Drive
Lake Placid, FL, 33852
Tel/Fax: (863) 699-9347

January 31, 2007

Mr. David Lugo
The City of San Diego
Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102-4527

Subject: Transfer of Internment Rights

Dear Mr. Lugo,

I am writing to request transfer of internment rights on behalf of Gladys Taylor. I am her court-appointed guardian, and I am enclosing a copy of my Amended Letters of Plenary Co-Guardianship of the Person and Property for your verification.

Also enclosed is a completed Mt. Hope Cemetery–City of San Diego Declaration of Right to Inter, along with supporting documentation and a check payable to Mt. Hope for $85.

Thank you for your assistance in this matter. Should you have any questions regarding this request, or need additional information, please do not hesitate to contact me at (863) 699-9347.

Sincerely,

Nancy Dye
Co-Guardian
Gladys Taylor

Enclosure as stated

E20099

E20099

IN THE CIRCUIT COURT FOR HIGHLANDS COUNTY, FLORIDA PROBATE DIVISION

IN RE: GUARDIANSHIP OF

GLADYS TAYLOR

File No. GS- 04-77
Division: Probate

2006 MAR 14 AM 8:31

AMENDED LETTERS OF PLENARY CO-GUARDIANSHIP OF THE PERSON AND PROPERTY

TO ALL WHOM IT MAY CONCERN:

WHEREAS, **NANCY DYE** has been appointed plenary co-guardian of the person and property of **GLADYS TAYLOR** (the Ward), and has taken the prescribed oath and performed all other acts prerequisite to issuance of plenary letters of co-guardianship of the person and property of the Ward,

NOW THEREFORE, I, the undersigned circuit judge, declare **NANCY DYE** duly qualified under the laws of the State of Florida to act as plenary co-guardian of the person and property of **GLADYS TAYLOR**, with full power to have the care, custody and control of the Ward, to exercise all delegable legal rights and powers of the Ward, to administer the property of the Ward according to law, and to take possession of and to hold, for the benefit of the Ward, all the property of the Ward, and all of the rents, income, issues and profits from it.

NANCY DYE, the co-guardian shall be authorized to act independently with regard to the routine guardianship administration for the Ward, but shall be required to act jointly with regard to all medical decisions and any acts requiring court authorization under Florida Guardianship law.

The co-guardians shall not exercise any authority over any health care surrogate appointed by any valid advance directive executed by the Ward pursuant to Chapter 765, Florida Statutes, until further order of this Court.

ORDERED on this 13th day of March, 2006.

/s/ David Langford
/s/DAVID LANGFORD
Circuit Judge

RETURN TO PROBATE

Copies to:
Robert E. Livingston
Anthony L. Ritenour
Co-Guardians

STATE OF FLORIDA
COUNTY OF HIGHLANDS

I, THE UNDERSIGNED, Clerk of Courts, Highlands County, Florida, do hereby certify the within and foregoing to be a true and correct copy of the original as it appears on record and file in the office of the Circuit Court of the 10th Judicial Circuit in and for Highlands County, Florida, and that the same is in full force and effect.

WITNESS, my hand and seal of said Court at Sebring, Florida this 8th day of MAY, 2006

[illegible] Clerk of Courts

FILED IN HIGHLANDS COUNTY, FL
L E. "LUKE" BROOKER CLERK OF COURTS
FILED03/16/2006 AT 08:59:39 AM
BOOK 1953 PAGE 1030-1030 INSTRUMENT#1382223
DOC TYPE: L DEPUTY CLERK:CHURNER

E20099

E20099

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 5 Section 2 Lot 1 Grave 3

2. My legal authority to the above property is based on the following facts: * Married to Frederick Lowell Taylor
copy of marriage certificate enclosed

* mother of Kevin Taylor
adoption papers enclosed

⇒ Mrs Taylor was married to Frederick Lowell Taylor, the owner of the family plot. Their son, Kevin Taylor, is buried in Grave 3 of the family plot, where Mrs. Taylor would also like to be buried. I am presenting documents to support this claim. I cannot find other family members interested in applying for responsibility of this right and therefore request the right to inter on behalf of the family as a legal heir.

3. I have presented the following evidence to support the above facts.

* copy of marriage certificate to Frederick Lowell Taylor.
* copy of adoption & naturalization papers for son, Kevin Taylor.

DL

Rev. 08/05

E20099

E20099

Do not sign until notary is present.

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 1-30 (Date) 07 in LAKE PLACID (City)

Signature _____ Print Full Name NANCY DYE

To have deed sent to you, fill in your mailing address here:

Full Name NANCY DYE, GUARDIAN GLADYS TAYLOR

Address 446 LAKE MIRROR DRIVE

City, State & Zip Code LAKE PLACID, FL 33852

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 FL

County of Highlands ss.

On this 30th day of January in the year 2007, before me Nancy Dye

personally appeared before me, 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.

Ann Kane
Notary Public

ANN KANE
MY COMMISSION # DD 445900
EXPIRES: June 29, 2009
Bonded Thru Notary Public Underwriters

DL

Rev. 08/05

F20099

E 20099

FOR OFFICE USE ONLY

Witnessed:

Signed on Notary (Date), _____ in _____ (City)

Signature _____ Print Full Name _____

Documents Presented:

_____

_____

_____

Processed by: _____

Approved by Cemetery Manager: Yes _____

Transfer allowed: Yes ✓ **No** _____

If no, reason:

_____

_____

_____

Resident Fee
Transfer fee paid ($65.00) _____ **New Deed Issuance Paid ($65.00)** _____

Transfer Fee Non-Resident ($85.00) ✓ New Deed Issuance Paid Non-Resident ($85.00)
_____

DL

Rev. 08/05

E20099

E20099

MARRIAGE LICENSE

AND CERTIFICATE

These Presents are to Authorize and license any Justice of the Supreme Court, Justice of the District Court of Appeal, Judge of the Superior Court, Judge of the Municipal Court, Justice of the Peace, Judge of any Police Court, City Recorder, Priest or Minister of the Gospel of any denomination to solemnize within said County the Marriage of FREDERICK L. TAYLOR native of CALIFORNIA color WHITE aged 33 years, resident of SAN DIEGO County of SAN DIEGO State of CALIFORNIA and GLADYS G. WALTON native of UTAH color WHITE aged 21 years, resident of SAN DIEGO County of SAN DIEGO State of CALIFORNIA Said parties being of sufficient age to be capable of contracting Marriage.

In Witness Whereof, I have hereunto set my hand and affixed the Seal of the Superior Court of said County this 19th day of May A.D. 19 39

J. B. McLEES

County Clerk and Clerk of Superior Court in and for the County of San Diego

[signature] Deputy Clerk

STATE OF CALIFORNIA } ss.
COUNTY OF SAN DIEGO }

I hereby Certify that I believe the facts stated in the above License to be true, and that upon due inquiry there appears to be no legal impediment to the Marriage of said Frederick L. Taylor and Gladys G. Walton. That said parties were joined in Marriage by me on the 21st day of May A.D. 39 in Chula Vista said County and State that Barnard Taylor resident of San Diego County of San Diego State of California and Edith G. Taylor a resident of San Diego County of San Diego State of California were present as witnesses of said ceremony.

In Witness Whereof, I have hereunto set my hand this 21st day of May A.D. 1939.

[signature] [signature] Christ Gospel Church

Marriage License + certificate - Taylors

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Official Translation Nº 8751

MARGIN

VOLUME 9 / 182/1955

MALE CHILD
OF
EUTHALIA KOUTSOUVANOS
née CONSTANTINE
MICHALAROS

Said child , which was christened

" PARASKEVE "

has been adopted by virtue of the order Nº 3208 / 1958 of the Court of First Instance of Athens by FREDERIK TAYLOR and GLADYS wife of FREDERIK TAYLOR , domiciled in Lake Side , California , U.S.A. -

Athens , 10 April 1958

THE REGISTRAR

G. Mitsopoulos

BIRTH RECORD

In Athens this Monday the 14th day of February One thousand nine hundred and fifty five (1955) , at 10 a.m. , at the Register - office of 23 , Hippocrates street , to me George Mitsopoulos , Registrar General ins and for Athens , Municipality of Athens , Province of Attica , there was sent a de - claration by the Lying - in Hospital " Marika Eliadis " stating that at said hospital on the 5th day of February One thousand nine hundred and fifty five (1955) , Saturday , at 5.40' EUTHALIA KOUTSOUVANOS daughter of CONSTANTINE MICHALAROS , domiciled at Megara , a housewife and Christian Orthodox , gave birth to a male child , which was not shown to me , child of EUTHALIA KOUTSOUVANOS , née MICHALAROS , a Greek citizen and Christian Orthodox , illegitimate , which has not yet been christened .

THE REGISTRAR

G. Mitsopoulos

CERTIFIED COPY
Athens, June 18, 1958
THE REGISTRAR
SEAL OF THE Signature
REGISTER - OFFICE
OF ATHENS

Certified to be [illegible] into English of [illegible] Greek,
Athens, 21 JUN 1958
The Official Translator
Ministry for Foreign Affairs

E20099

adoption papers - Kevin Taylor

E 20099

THE UNITED STATES OF AMERICA

ORIGINAL
TO BE GIVEN TO
THE PERSON NATURALIZED

CERTIFICATE OF NATURALIZATION

No. 8229605

Petition No. 4141

Personal description of holder as of date of naturalization: Date of birth February 5, 1955; sex Male; complexion Medium; color of eyes Blue; color of hair Brown; height 3 feet 7 inches; weight 43 pounds; visible distinctive marks Birthmark on left arm; Marital status Single; former nationality Greece.

I certify that the description above given is true, and that the photograph affixed hereto is a likeness of me.

Sign here

Kevin Arthur Taylor by Mother
(Complete and true signature of holder) Gladys Taylor

Seal

UNITED STATES OF AMERICA
SOUTHERN DIST. OF CALIFORNIA } ss:

Be it known, that at a term of the U. S. District Court of Southern District of California, Southern Division held pursuant to law at San Diego, California on March 10, 1961 the Court having found that KEVIN ARTHUR TAYLOR then residing at 10123 Los Ranchitos Rd., Lakeside, Calif. intends to reside permanently in the United States (when so required by the Naturalization Laws of the United States), had in all other respects complied with the applicable provisions of such naturalization laws, and was entitled to be admitted to citizenship, thereupon ordered that such person be and is/she was admitted as a citizen of the United States of America.

In testimony whereof the seal of the court is hereunto affixed this 10th day of March in the year of our Lord nineteen hundred and sixty-one and of our Independence the one hundred and eighty-fifth

John A. Childress
Clerk of the U. S. District Court.

By D. M. Cook Deputy Clerk.

It is a violation of the U. S. Code (and punishable as such) to copy, print, photograph, or otherwise illegally use this certificate.

DEPARTMENT OF JUSTICE

Naturalization papers - Kevin Taylor - (front)

E20099

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Name changed by decree of court from PARASKEVAS TAYLOR on March 10, 1961, as part of the Naturalization.

JOHN A. CHILDRESS, Clerk

By

I hereby certify that the erasure made on this Certificate as to location of Court, was made before issuance to conform with petition.

JOHN A. CHILDRESS, Clerk

By

Naturalization papers - Kevin Taylor - (back)

E20099