MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

"Low Income" Date 2-8-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mable Jones 230719

in a Liner (Type of Burial Container) Funeral, date, time Friday Feb. 16th 11:00

Church, Chapel, Graveside ; Preferred Mortuary.

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

will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row Lot 5 Grave 6

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 Bof AP 01591A	1,679.47
Balance due	Ø

PAID FEB - 9 2007 MOUNT HOPE CEMETERY

CDL R0433687 11-18-09

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

230718

I hereby authorize the interment in lot I hold under deed

x Stella L. Long
Signature

x STELLA L. LONG
Print Name

x 4178 Ocean View Blvd
Address

x S.D. 92113
City Zip Code

x (619) 264-8536
Telephone

Paulette

Work Order # E 20100

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20100

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

	FENCE		LINE			
VICTORIO		HALL	X	HARRIS		
		DUNBAR		REED		

Flagged **Yes** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: MABEL JONES

Interment Date: FRI. FEB. 16 Time: 11AM

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

E20100

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: Mable M. Jones

Address: 4178 Ocean View Blvd

City: S.D. 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.

Stella L. Long niece — 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 G. Dorsey — 2/9/07
Approved by — Date

Current SSA 1099 2006 income documents verified on:
Approved By MFD
Date 2/9/07

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

E20100

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2006 • 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
MABLE M JONES		546-50-0228
Box 3. Benefits Paid in 2006	**Box 4. Benefits Repaid to SSA in 2006**	**Box 5. Net Benefits for 2006** *(Box 3 minus Box 4)*
$4,152.00	NONE	$4,152.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	$4,152.00	NONE
Benefits for 2006	$4,152.00	

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

STELLA LONG FOR MABLE
JONES
4178 OCEANVIEW BLVD
SAN DIEGO CA 92113-1826

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

546-50-0228A

CU8526911-11A38527871

CU8526911-11A38527871

Form SSA-1099-SM (1-2007)

DO NOT RETURN THIS FORM TO SSA OR IRS

Adventist Health

PARADISE VALLEY HOSPITAL
2400 EAST FOURTH STREET, National City, CA 91950-20.., (619) 470-4321

E20100

27369461

PHYSICIAN FACE SHEET

Admit Date/Time:	8/25/2006 18:56
Discharge Date/Time:	

Patient Name and Address
JONES, MABLE M
4178 OCEANVIEW BLVD
SAN DIEGO CA 92113-

Phone	Account Number	Medical Record No.
619 264-8536	27369461	057735

Other Phone #:	F/C	Service	Type
	1000	MED	I

Social Security Number	Language
546-50-0228	English

Birth Date	Age	Sex	Marital Status	Religion	Drivers License/ I.D. Number/ State	Race	Room
6/05/1922	084Y	F	S	BAP		02	632 -01

Birth Place	Previous/Maiden Name	Spouse	Accom.
MS	JONES		2

Relative/Friend	Address		Relation	NIECE
LONG, STELLA	4178 OCEANVIEW BLVD	SAN DIEGO, CA 92113	Phone	619 264-85[illegible]
Relative/Friend	Address		Relation	SISTER
JONES, SUE W	2408 NORFOLK STREET	NATIONAL CITY, CA 91950	Phone	619 264-2712

Doctor Information

			Dr. Phone #s
ADM	44867	HAIRSTON, DOROTHY E	(619) 472-4690
REF			(000)
			(000)
FAM	1375	ROJAS, CARLOS	(619) 471-9260

Initial Diagnosis Impression/Statement of Illness/Injury
SYNCOPE

ACCIDENT INFORMATION | Date: | Type: | Service related to accident:
Location: | Description:

Patient Employer
RETIRED @
GENERIC USE EMPLOYER

Phone:
Occupation: RETIRED
Retirement Date: 06/01/1987

LMP

CARRIER 1
MEDICARE

Subscriber Name	Relation	Subscriber Birth Date
JONES, MABLE M	SELF	6/05/22

Subscriber ID (Cert, SSN, or HIC number)	Group Name	Group Number	Pre-authorization #
546500228A			

CARRIER 2
MEDI-CAL AFTER MEDICARE
P.O.BOX 15600
SACRAMENTO, CA 958521600

Subscriber Name	Relation	Subscriber Birth Date
JONES, MABLE M	SELF	6/05/22

Subscriber ID (Cert, SSN, or HIC number)	Group Name	Group Number	Pre-authorization #
90790217A95034	10		

CAR 3
Carrier 3 Name / Subscriber / Relation / Policy # / Group #

GUARANTOR

Name	Occupation	Relation	Birth Date	Phone
JONES, MABLE M	RETIRED	SELF	6/05/1922	619 264-8536

Address			Social Security Num[illegible]
4178 OCEANVIEW BLVD	SAN DIEGO	CA 92113	546-50-0228

Guarantor Employer Name and Address
RETIRED @ GENERIC USE EMPLOYER

Remarks:

Transferring Facility:

Source	Route	Requested By
7	1	SANTANJ

Physshi 08/05 IP004

84 E20100

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	MARGARET	JONES	06/05/1922	02/08/2007	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	STELLA LONG, NIECE 4178 OCEANVIEW BLVD. SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ Mack Jenkins	02/13/2007

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	02/13/2007	▶ WILMA WOOTEN, 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	–

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 2-16-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Kenny	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 2-9-07

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

of Tuc Du 230715

in a _____ Funeral, date, time Thursday Feb.15th 2:00

Type of Burial Container

Church, Chapel, Graveside Goodbody Mortuary

ARRIVAL AFTER 3:00PM

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

will be applied and billed to undersigned _____

Division ~~CHIN~~ 11 Section I Blk/Row 11 Lot _____ Grave 14

Grave space & Care Fund	D-8555	Ø
Overtime/Late Arrival Fees	Late Arrival fee	213.00
Opening/Closing & Setup		533.00
Burial Container		
Handling Fees		
Flower vases – Marker setting fee	$ 65.78 $ 178.00	243.71
Recording/Filing/Transfer Fees		85.00
Sales taxes		
Total Due		1,074.71
Paid receipt number	MCAP012071	1,074.71
Balance due		Ø

PAID

FEB 12 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 230714

X _____ Address

X _____ City Zip Code

X _____ Telephone

fax 619-582-1332

Invoice # _____

Work Order # E 20101

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request

Printed on recycled paper

E20101

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 Montecello Vault

		Wong Yu	X	Wong Lo		
					TREE	

Flagged **Yes** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Tue Du

Interment Date: Feb 15th Time: 200 Chapel

Div: CHIN Sect: I Blk/Row: 11 Lot: _____ Gr: 14

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No ~~Ø~~ GRAVESITES ARE 4FT 8IN WIDE

Agrees with Map: ☐ Yes ☐ No

10 1/2 FT LONG

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20101

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/13/2007

PRODUCER (714)905-1923 FAX (714)905-1910
Hayward, Tilton, & Rolapp Ins. Assoc., Inc.
License #0614365
P.O. Box 25529
Anaheim, CA 92825-5529

INSURED Legrand Wilbert Vaults
4212 Whittier Blvd.
Los Angeles, CA 90023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A St. Paul Travelers	
INSURER B	
INSURER C	
INSURER D	
INSURER E	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A		GENERAL LIABILITY	Y6303255B957TIL06	07/01/2006	07/01/2007	EACH OCCURRENCE	$	1,000,000
		X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	$	5,000
						PERSONAL & ADV INJURY	$	1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	$	2,000,000
		POLICY PRO-JECT LOC				PRODUCTS - COMP/OP AGG	$	2,000,000
A		AUTOMOBILE LIABILITY	Y8103255B957TIL06	07/01/2006	07/01/2007	COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
		X ANY AUTO				BODILY INJURY (Per person)	$	
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	$	
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	$	
		X HIRED AUTOS						
		X NON-OWNED AUTOS						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$	
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$	
						AUTO ONLY: AGG	$	
A		EXCESS/UMBRELLA LIABILITY	YSMCUP3255B957TIL06	07/01/2006	07/01/2007	EACH OCCURRENCE	$	1,000,000
		X OCCUR CLAIMS MADE				AGGREGATE	$	1,000,000
							$	
		DEDUCTIBLE					$	
		RETENTION $					$	
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	YACRUB154D289806	03/01/2006	03/01/2007	X WC STATU-TORY LIMITS OTH-ER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$	1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$	1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT	$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

* Proof of Coverage*

* 10 Day Notice of Cancellation issued for non-payment of Premium.

CERTIFICATE HOLDER

Mount Hope Cemetery
3751 Market Street
San Diego, CA 92102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Diane Martin/MOB

Diane Martin

©ACORD CORPORATION 1988

E20101

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

E20101

92

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TUC	-	DU	02/18/1914	02/06/2007	F

5A. CITY OF DEATH: LA MIRADA

5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE: LOS ANGELES

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: HOA DANG SON, P.O. BOX 50315, SAN DIEGO, CA 92165

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: PACIFIC VIEW MORTUARY, 3500 PACIFIC VIEW DR., CORONA DEL MAR, CA92625

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD1176

8A. SIGNATURE OF APPLICANT: [signature]

8B. DATE SIGNED: 02/09/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: 11.00

9B. DATE PERMIT ISSUED: 02/09/2007

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: N. BLUSH 918-4943 N5

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: 313 N. FIGUEROA ST. ROOM L-1, LOS ANGELES, CA 90012

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED: 2-15-07	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.

ARACELY
~~254-6~~
FAX 295-6039

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/14/2007

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

of Gary Payne 230717

in a TS VAULT Funeral, date, time ~~(Feb 16, 2007 (Fri) 1:00)~~ 1:00

Type of Burial Container

Church, Chapel, Graveside Merkley-Mitchell Mortuary.

200 Arrival

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 619 295-2177

will be applied and billed to undersigned.

Division 6 Section 2 Blk/Row Lot 25 Grave 11

Grave space & Care Fund 6/1901	Ø
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	1,651.58
Paid receipt number AP 352795 Visa	1,651.58
Balance due	Ø

PAID
FEB 16 2007
MOUNT HOPE CEMETERY

Marine/Vietnam

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

Karen Payne 230716
Print Name

5045 Pine St.
Address

La Mesa CA 91941
City Zip Code

619-206-1338
Telephone

Invoice #

Work Order # E 20102

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20102

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

			X			

Flagged **Yes** X **No** ____

Blind Check Initiated By: Kevin Date: 2-14-07

Interment space for: Gary Payne

Interment Date: Fri 2-16-07 Time: 1PM

Div: 6 Sect: 2 Blk/Row: ____ Lot: 25 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 _____

E20102

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 2/9/07 11:00 am

CALL TAKEN BY: Maria

RECEIVED CALL FROM:

☐ MORTUARY NAME: Merkley-Mitchell
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: Andrea - (ARACELY)
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED:

NAME OF DECEASED:

LAST NAME: Paine
FIRST NAME: Gary 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: 25 GR: 11
☐ 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:

E20102

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

61

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GARY	W.	PAYNE	06/16/1945	02/07/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
INDIANAPOLIS	INDIANA	KAREN PAYNE, DAUGHTER 5045 PINE STREET 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
MERKELY-MITCHELL MORTUARY 3655 5TH AVENUE, SAN DIEGO CA 92103	FD119	▶ [signature]	02/15/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	02/15/2007	2700242 ARACELY DELGADO ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 P.O. BOX 85222, SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO CA 92102	11B. DATE BURIED 2-16-07	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 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 2-9-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George L. Jackson 230721

in a DD CRP + "A" (Type of Burial Container) Funeral, date, time Thurs. Feb 15 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 11 Section 1 Blk/Row _____ Lot 86 Grave 6

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	4,074.77

PAID

FEB 13 2007

MOUNT HOPE CEMETERY

Paid receipt number R- 59975

AP009241

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.

230720

X Ronald D. Jackson
Print Name

X 345 Madison St
Address

X San Francisco CA
City Zip Code

94134
Telephone

X Ronald D. Jackson
Signature

X Keishal Jackson
1235 S 47th St. Apt #2
San Diego Ca 92113 ARMY - Korea

Invoice # _____

Work Order # E 20103

Acct. # _____

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

MS. Velma Jackson AP035333

SEE 4/16/07 DCR Second O/C + Recording fee Pd

E20103

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 DOCKET A

		HOBBS	BAKER			
		SMITH	X			
		HARRIS	HARRIS	RIDDLE		

Flagged **Yes** X **No**

Blind Check Initiated By: LEVIN Date: 2/13/07

Interment space for: George Jackson

Interment Date: 2-15-07 THUR Time: 11:00 Chapel

Div: 11 Sect: 1 Blk/Row: ____ Lot: 86 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 ____

E20103

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

77

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GEORGE	LAWRENCE	JACKSON	05/31/1929	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
SAN DIEGO	SAN DIEGO	EDDIE JACKSON SR, SON 320 AGUA VISTA WAY SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575		02/12/2007

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	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
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 2-15-07	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.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need TRUST

Date 2-12-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Maurice Hocini

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Division Muslim Section _____ Blk/Row _____ Lot 167 Grave _____

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	700.-
Burial Container Slab	151.-
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	11.70
Total Due	955.70
Paid receipt number P 001090	955.70
Balance due	Ø

PAID
FEB 12 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.

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

Emma Hocini (Signature)

Emma Hocini (First Name)
42990 Joshua tree ct. (Address)
Murrieta CA 92562 (City, Zip Code)
(951) 951-696-3558 (Telephone)

Invoice # _____

Work Order # E 20104

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 2/12/07

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sharon Taylor 230734 Tues, Feb 20

in a Liner (Type of Burial Container) Funeral, date, time Friday Feb 16th

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 10 Section _____ Blk/Row ~ Lot 1760 Grave 1

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	260.50
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-59979	1,679.47
Balance due	Ø

PAID
FEB 15 2007
MOUNT HOPE CEMETERY

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

230733

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

X Terie Faughtner (Signature)

X Terie Faughtner (Print Name)
X 3512 Harrison St (Address)
X Oakland 94611 (City, Zip Code)
X (510) 467-9365 (Telephone)
(510) 332-0096 cell

Invoice # _____

Work Order # E 20105

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Revised June 2006 E20105

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: Sharon Taylor

Address: 3142 National Ave

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.

Serie Taylor Daughter 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 _____

2/12/07
Approved by Date

Current SSA documents verified on: 2/12/07
Approved By
Date 2/12/07

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

E20105

SOCIAL SECURITY ADMINISTRATION

Date: February 9, 2007
Claim Number: 548-86-2175DI

SHARON E TAYLOR
3354 32ND ST APT 6
SAN DIEGO CA 92104-4753

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.)

E20105

I. You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 619-557-5257. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1333 FRONT STREET
SAN DIEGO, CA 92101

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

OFFICE MANAGER

SOCIAL SECURITY ADMIN.
1333 FRONT STREET
SAN DIEGO CA 92101

E20105

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

			X		Collins	
			Rouse		Bessellieu	
			White		Walker	

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette Date: 2/13/07

Interment space for: Sharon Taylor

Interment Date: Fri. Feb 16 Time:

Div: 11 Sect: 2 Blk/Row: Lot: 2 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

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

E20105

DATE / TIME RECEIVED CALL: 2/8/07

CALL TAKEN BY:

RECEIVED CALL FROM:

☐ MORTUARY NAME: CA BURIAL
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: Terri Faughtner
TELEPHONE NUMBER: (510) 332-0096 or 510 463-9365
RELATIONSHIP TO DECEASED: Daughter

NAME OF DECEASED:

LAST NAME: TAYLOR
FIRST NAME: SHARON INITIAL:
D.O.D. 2/7/07 D.O.B. 1407/15
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: 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:

E20105

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 2-13-07	From: Paulette
To: Jeanette	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:	2-13-07 11:30
Burial fee amount due:	$1,679.42
Burial service fee for:	Sharon Taylor
Date and time of burial service:	Feb 16th Friday
Due date of burial fee to Mt Hope Cemetery:	14th Am
Prepared by:	Paulette
Signature:	Paulette
Mortuary Approval (print name):	J Ben
Signature:	J. Benyal
Date faxed back to Mt. Hope Cemetery:	2/13/07
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

E20105

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

			CARRETT	WOLFE	KALLOS	
			X	WESLEY	SHEGAS	
			WALKER	MOBLEY		

Flagged **Yes** X **No** _____

Blind Check Initiated By: KEVIN Date: 2-20-07

Interment space for: SHARON TAYLOR

Interment Date: FEB. 20, 07 Time: NOON

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1760 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 _____

E20105

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHARON	ELAINE	TAYLOR	02/24/1951	02/07/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	TERIE FAUGHTNER, DAUGHTER 3512 HARRISON STREET OAKLAND, CA 94611

7A. TYPED NAME AND ADDRESS OF 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	▶ M. Mitchell	02/15/2007

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

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	02/14/2007	▶ 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 2-20-07	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 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 2/12/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Zahra Azad 230724

in a Slab (Type of Burial Container) Funeral, date, time Thurs 2/15 @ 2:00

Church, Chapel, Graveside Preferred Mortuary

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

will be applied and billed to undersigned.

Division MUSL Section ____ Blk/Row ____ Lot 4 Grave 1

Grave space & Care Fund 12/2000 E-16083 0

Overtime/Late Arrival Fees ____

Opening/Closing & Setup 533.—

Burial Container SLAB 114.—

Handling Fees —

Flower vases – Marker setting fee —

Recording/Filing/Transfer Fees 65.—

Sales taxes 8.84

Total Due 720.84

Paid receipt number R-59980 720.84

Balance due 0

PAID

FEB 15 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.

Signature

Print Name

Address

City Zip Code

Telephone

Invoice # ____

Work Order # E 20106

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20106

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 SLAB

		BAHEI	X	ME AZAD		

Flagged **Yes** X **No** _____

Blind Check Initiated By: KEVIN Date: 2-13-07

Interment space for: ZAHRA AZAD

Interment Date: THURS FEB. 15 Time: 2PM

Div: MUSLIM Sect: _____ Blk/Row: _____ Lot: 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 _____

E20106
87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ZAHRA	I.	AZAD	06/21/1919	02/13/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SOLANA BEACH	SAN DIEGO	RAANA AZAD, DAUGHTER 726 SEA BRIGHT 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
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ Mark Sentins	02/14/2007

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	02/15/2007	▶ WILMA WOOTEN, MD

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2-15-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Faguan	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.)

PA CASE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/13/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mattie Greenwood 230730 10:30

in a Liner (Type of Burial Container) Funeral, date, time Wed, Feb 21

Church, Chapel, Graveside Delivery only : Mayer Mortuary. (619)281-7055 Jack

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 97 Grave 1

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-599983	3,358.93
Balance due	Ø

PAID
FEB 16 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.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached signature of P.A.

Invoice # _____

Work Order # E 20107

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20107

PA CASE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/13/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mattie Greenwood 10:50

in a Liner (Type of Burial Container) Funeral, date, time Wed, Feb 21

Church, Chapel, Graveside Delivery only Mayer Mortuary 619 281-7055 Deck

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 97 Grave 1

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-5498	3,358.93
Balance due	Ø

PAID
FEB 15 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.

Signature _____

First name _____
Address _____
City _____ Zip Code _____
Telephone _____

Invoice # _____

Work Order # E 20107

Acc. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

FELICIA HAURY, DEPUTY PUBLIC GUARDIAN

ESTATE OF: Mattie Greenwood

SIGNATURE: Felicia Haury

DATE: 2-22-07

E20107

MT HOPE CEMETERY

Delivery Only

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		Mandel	
				Waites		
				Bes		

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 2/20/07

Interment space for: Mattie Greenwood

Interment Date: Feb 21 Weds. Time: 10:30 Delivery

Div: 12 Sect: 2 Blk/Row: ____ Lot: 97 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 ____

E20107
82

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MATTIE	LAURA	GREENWOOD	07/03/1924	01/20/2007	F

[redacted]Y OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]N DIEGO	SAN DIEGO	FELICIA HAURY, DEPUTY GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	FD1424	▶	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	01/26/2007	▶ 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
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 2-21-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES 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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Turned at need
Pre-need
lot, trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

13 chairs

Date 2-13-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 230875 For Mother Catherine Earl

in a Top Seal Vault (Type of Burial Container) Funeral, date, time Tues, March 20th @ 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 $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 72 Grave 3

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	355.-
Handling Fees	263.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	3507.51
Paid receipt number P-00698	1273.60
Balance due	2233.91
Pre-need →	600.00
	1633.91
	1000.00
	633.91

PAID
MAR 15 2007
MOUNT HOPE CEMETERY

I hereby certify I am the Son-Ronald Earl 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.

230725 → X JANNELL WASHINGTON
230726 → X RONALD EARL See back. #8

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

X Ronald Earl
Signature

X Jannell Washington

Print Name X 1065 15th ST APT. 101
Address X SAN DIEGO, CA. 92101
City Zip Code
619-234-7110
X 619-583-2195
Telephone

Paulette

Work Order # E 20108

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Coupons mailed 2-20-07

633.91
500.00 AP 08128A
133.91

E20108

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

			CARNELL			
CARROLL			X		FRESH GRAVE	
						PEARCE

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 3/16/07

Interment space for: Catherine Earl

Interment Date: 3/20/07 Time: 1:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 72 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 _____

Pin 230725/230726 Brother Jerry Earl 909-649 2750 Actual payment $93.08 E-20108

Washington, Jannell & Ronald Earl 1065 15th St. Apt 101, SD CA 92101 619-234-7110

619-583-2195

Div 12, Sec 1 Lot 72 Grave 3 Catherine Earl

		DEBIT	CREDIT	BALANCE
	2/13/2007 Opened pre-need lot/trust for mother. Lot $2264 o/c $533, b/c $355, h/f $263, r/f fee $65, tax on TS Vault $27.51. P-00698	2264.00 1243.51		2264.00 3507.51
2/21/07	P-00710 No Coupon 1st payment		1273.60	2233.91
2/21/07	P-00712 No coupon		100.00	2133.91
↓	Payments for April 07 May 07		200.00	1933.91
2/12/07	P-00745 June, July Aug 07		300.00	1633.91
3/15	AP R 15196		1000.00	$633.91
3/15/07	AP 08128A		500	133.91
3/15/07	AP 015181		133.91	⊖

Pre-need fund transferred

E20108

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 13th day of February, 2004, Between Ronald Earl/Jannell Washington, 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 1, Block/Row ___. Lot 72, Grave 3, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $1250.-, payable as follows: $3,507.51 cash herewith, the receipt of which is hereby acknowledged; $ 94.07 on the 15th day of March, 2007. And the balance in installments of $ 93.96 or more, payable at the office of Mt. Hope Cemetery, on the 15th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NOT INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE – WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

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

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

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

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his

heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment of subsequent breach of any other term, condition or provision hereof.

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

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

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

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

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

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

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

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

E20108

WITNESS our hands this day and year above written.

TOTAL $ 3,507.51

DOWNPAYMENT $ 1,273.60

23 MONTHS $ 93.08

FINAL
24TH MONTH $ 93.07

TWO YEAR CONTRACT

I agree to pay the required monthly

Payments of $ 93.08 for 23 months.

Final payment to be $ 93.07 on

The 24th month.

First monthly payment to begin on:

MONTH March

YEAR 2007

Purchaser's Signature X Ronald Earl

PURCHASER PHONE X (619) 583-2195

X RONALD EARL
Print Name

X
Signature

X 1065 15th Street #101
Street Address (Mail)

X San Diego, Ca 92101
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery
3751 Market Street
San Diego CA 92101

By: Paulette Clayard

E20108

MT HOPE CEMETERY

Transaction History

Contract: E-20108-F

Contract Date: 02/13/2007
Purchased By: Washington, Jannell
1065 15th Street
Apt 101
San Diego, CA 92101
619-234-7110

Status: Paid In Full
Co-Purchaser: Earl, Ronald

Dept: Mt Hope Cemetery
Counselor: PAULETTE CRAWFORD

Deferred Payment Price	**3,507.51**	**Amount Paid**	**3,507.51**	**Balance Due**	**0.00**
Base Price	3,480.00			Amount Financed	2,233.91
Interest	0.00	Downpayment	1,273.60	Number of Installments	24
Sales Tax	27.51	Transfer Allowance	0.00	Regular Payment of	93.08
Credit Life	0.00	Discount	0.00	Odd Payment of	93.07
		Late Charges/Fees	0.00	Date First Payment Due	03/15/2007
				Payment Plan	Monthly

Date	Transaction Type	Receipt No - Ref No	Trans	Amount	Allocations
02/13/2007	Downpayment	7595 -- P-00698	0	1,273.60	27.51 Tax Recovery
					1,246.09 Equity
02/21/2007	Installment Payment	7599 -- P-00710	1	100.00	100.00 Equity
02/21/2007	Installment Payment	7603 -- P-00712	2	200.00	200.00 Equity
03/12/2007	Installment Payment	7697 -- P-00745	3	300.00	62.32 Perp. Care
					237.68 Equity
09/08/2008	Installment Payment	9200 -- R-15196	4	1,000.00	609.50 P/N Trust
					390.48 Perp. Care
					0.02 Equity
09/08/2008	Installment Payment	9201 -- AP 971274	5	500.00	500.00 P/N Trust
09/08/2008	Installment Payment	9202 -- AP 015181	6	133.91	106.50 P/N Trust
					27.41 Equity
	TOTALS:			3,507.51	

Transaction History Summary:

Fund Name	Original Amount	Allocations	Amount Due	Amount Cancelled
Equity	1,811.20	1,811.20		
P/N Trust	1,216.00	1,216.00		
Perp. Care	452.80	452.80		
Tax Recovery	27.51	27.51		
TOTALS:		3,507.51		

E20108

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

77

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CATHERINE	LOUISE	EARL	06/14/1929	03/15/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	CRYSTAL WASHINGTON, DAUGHTER 5989 CRYSTAL HILL STREET RIVERSIDE, CA 92504

7A. TYPED NAME AND ADDRESS OF 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	Siennika Pryor	03/16/2007

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	03/16/2007	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 3-20-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman L 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

"Low Income" Date 02/14/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Cammon 230728

in a Liner (Type of Burial Container) Funeral, date, time Tues. Feb. 20 10:30

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 8 Grave 4

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number R-59978	1,679.47
Balance due	Ø

PAID
FEB 14 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.

271

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

X Flora Melot
Signature

X Flora Melot
Print Name

X 335 Dodson St
Address

X San Diego, CA 92104
City Zip Code

X 619 239-1462
Telephone

Paulette
Work Order # E 20109

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20109

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

Daniels			X			Ambaye
-	Thomas					

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette Date: 2/14

Interment space for: Charles Cammon

Interment Date: 2-20-07 Time:

Div: 11 Sect: 2 Blk/Row: Lot: 8 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

CREMAINS WERE PLACED

Revised June 2006

E20109

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: Charles Edward Common

Address: 3139 1/2 Lst

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.

Flora Mcary 2/13/07

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 G. Dovensky 2/14/07

Approved by Date

Current SS Check documents verified on: 2/13/07

Approved By MFD

Date 2/14/07

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

DIVERSITY

E2010

United States Treasury 15-51/000 $ 421,241,273

Check No.

02 02 07 24 PHILADELPHIA, PA 2053 42377824

2053 42377824 28045400 S1 C P

Pay to the order of CHARLES CAMMON 24 SOC SEC FOR JAN

POST OFFICE BOX 43

SAN DIEGO CA 92112

$****873*00

VOID AFTER ONE YEAR

454

⑈20537⑈ ⑆000000518⑆ 423778245⑈ 080207

E20109

CANCERcare
Long Island Office
Cancer Care, Inc.
20 Crossways Park North
Woodbury, New York 11797

34-1143-41 01/25/2007

Obligat'n	Description	Account	Social	Amount
11167		A550-01 1-1 12-10 2 73.100	CASTEL	125.00
	*** Total ***			125.00

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

CANCERcare
Long Island Office
Cancer Care, Inc.
20 Crossways Park North
Woodbury, New York 11797

THE BANK OF NEW YORK 45 Wall Street New York, NY 10005

12790
34-1143-41
CHECK NO.

VOID AFTER 180 DAYS

01/25/2007
DATE

********125.00
CHECK AMOUNT

1-2010

** One Hundred Twenty Five Dollars and 00 Cents **

PAY TO THE ORDER OF:
CHARLES CAMMON
3139 1/2 L STREET
SAN DIEGO CA 92102

TWO SIGNATURES REQUIRED FOR AMOUNTS $500.00 AND ABOVE

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT

⑈012790⑈ ⑆021000018⑆ ⑈6300094846⑈

OFFICIAL RECEIPT

[redacted]

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

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

61302 E20/09

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 01313B
☐ 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	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	18.00 n/f
Recording &	100	
Misc. Fees	77183	14.00 misc
Sales Tax	60101	1.09 tax
	78390	
TOTAL PAID-	$	33.09

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

1679.47 E20109

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: Walkin 3:00 pm 2/13/07

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: CA BURIAL
☐ FAMILY MEMBER / REPRESENTATIVE Claudette
CONTACT PERSON:
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED:

NAME OF DECEASED:

LAST NAME: Common
FIRST NAME: Charles 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: Tues 2/20 TIME OF SERVICE: 11:30
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

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

DIV: 11 SECT: 2 BLK/ROW: LOT: 8 GR: 4
☐ 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: Next to sister Mary Common in 11-2-8-3

Family by accident took the copies of proof of address & the low income appl.

E20109

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
CHARLES	EDWARD	CAMMON	04/29/1947	02/03/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FLORA MC COY, SISTER 335 DODSON ST SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	2/15/07

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 ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	02/15/2007	▶ 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
DISINTERMENT/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92115	11B. DATE BURIED 2-20-07	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.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Lot

Date 2-14-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Faatu Logoleo / or Faletufuga

in a 229320 (Type of Burial Container) Funeral, date, time 229319

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 239 Grave 3

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-00700	200-
DP4239514 Balance due	2064.-

Refund Issued DP 4239514 11/30/2009

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 Omsen Faletufuga (Signature)

x Faatu Logoleo (Print Name)

6158 Aldersley St (Address)

San Diego Ca. 92114 (City, Zip Code)

(619) 262-8554 (Telephone)

Invoice # _____

Work Order # E 20110

Acct. # _____

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

Vendor # 0004404638 ONO

For Auditors Use Only

E20110

Date Auditors Rcvd _____

Application Date _____

Refund No. _____

The City of San Diego

Date Rcvd By Dept _____

Processed By _____

APPLICATION FOR REFUND

Daily Cash Receipt (DCR) No. _____

Fund _____ Acct _____

Apprvd By _____ Date _____

To City Auditor & Comptroller:

The undersigned hereby requests refund of $ 286.00 Date paid 4/02/07 9/14/07 on Pre-Need Purchase E-20110 (Name of Receipt or Permit No.)

No. P-00700/P-00770 for the following reason(s):

My mom moved to Orange County, she's no longer living in San Diego. My name is Onosai Faletufuga and I paid the lot for my mom. Sorry I couldn't locate the receipt. I am her daughter.
Onosai A. Faletufuga

Refund Requested by:

Print Name: Onosai Faletufuga Address: 5823 Division St San Diego, Ca. 92114

Signature: O Faletufuga

Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.

CITY USE ONLY

I hereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or fact, that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, may properly be made under provisions of Ordinance 3911 (NS).

Print Name: David Lugo Title Cemetery Manager Date 01/29/2009

Signature: _____ Dept. Name Park/Rec - CR1 Phone 527-3400 M.S. 072

White Copy - Auditor's
Pink Copy - Auditor's
Green Copy - Originating Dept.

FORM AC-1006 (Revised 4/91)

593684

E20110

FY 09 01/30/09 07:56:39

THE CITY OF SAN DIEGO
REQUEST FOR DIRECT PAYMENT

DP NO. 4239514

VENDOR INFORMATION

VENDOR NUMBER & ALPHA: 0004404638 ONO

VENDOR NAME: ONOSAI FALETUFUGA/OR FAATU LOGOLEO

VENDOR ADDRESS: 6158 ALDERLEY STREET

SAN DIEGO CA 92114

PREPARER INFORMATION

DEPT/GROUP: 072

NAME: PAULETTE CRAWFORD

PHONE NO: 619 527 3400

MAIL STATION: 072

PREPARED FOR DEPT. NO: 072

ENCUMBRANCE DOC. NO.

☐ COMPLETE

SORT KEY

AUTHORITY FOR PAYMENT RES/DOC NO:

PURCHASING APPROVAL

AGENT

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

Maria Lopez

DEPT. HEAD OR DESIGNEE

FUND OVERRIDE ☐

PAYMENT DATE 02/17/09

DESCRIPTION OF EXPENSE/SPECIFIC CITY BENEFIT & PURPOSE:

REFUND TO ONOSAI FALETUFUGA FOR A DOWN PAYMENT ON A PRE-NEED LOT THAT WAS PAID ON FEBRUARY 14, 2007. RECEIPT NUMBERS P00700/P00770.

COMMENTS AND/OR SPECIAL INSTRUCTIONS:

FINAL-RLSD NEW-VEN

RELEASED: 01/30/09 07:56

FINAL-RLSD NEW-VEN

PAYEE REMITTANCE INFORMATION

SEQ	INVOICE NUMBER OR DESCRIPTION	INVOICE DATE	PAYMENT CATEGORY	LATE CODE	AMOUNT	TAX CODE
A	REFUND	02 14 07	4		200.00	N
B	REFUND	04 02 07	4		86.00	N
				TOTAL AMOUNT $	286.00	

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

SEQ	CY/PY	FUND	DEPT.	ORG.	ACCT.	JOB ORDER	OPER ACCT	BENE/ EQUIP	FAC.	AMOUNT	AUDITOR APPROVAL	DATE
003	0	63033			77186					200.00		
004	0	63033			77186					86.00		
									TOTAL AMOUNT $	286.00		

E20110.

OFFICIAL RECEIPT

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

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

P 00700

Date: February 14, 20 07

From: Onosai Fuletufuga Address: 6158 Alderley St., SD CA 92114

Two hundred and 00 Dollars ($ 200.-)

in Part Payment of Pre-need Lot w/ down payment for Fuatu Logoleo

Div 12 Sec 2 Blk/Row Lot 239 Grave 3

Invoice No. E-20110

Acct. No.

W.O.

BALANCE DUE $2064.-

#7-7593157946

☑ Pre-Need Lot ☒ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check

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

PAID

FEB 14 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	200.-
Trust	77186	
TOTAL PAID	$	200.-

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

OFFICIAL RECEIPT

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

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

P00770

Date: 04-02, 2007

From: Onosai / Fuletufuga Address: 6158 Alderly St., SD CA 92114

EIGHTY/SIX and 00 Dollars ($ 86-)

in part / Payment of Pre-need Lot

Div 12 Sec 2 Blk/Row Lot 239 Grave 3

Invoice No. E-20110

Acct. No.

W.O.

BALANCE DUE $1,978.-

08-700386587

☑ Pre-Need Lot ☑ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check

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

PAID

APR / 2 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	86.-
Trust	77186	
TOTAL PAID	$	86.-

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need
disinter-reinter

Date 2/15/07

230705

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of dis- Edgar Crenshaw / re-inter Edgar w/ Kim Crenshaw

in a Top Seal (Type of Burial Container) Funeral, date, time 10/26/2007

Church, Chapel, Graveside _____ ; Bishop 11:00am Mortuary.

All Funeral cars 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 126 Grave 10

Grave space & Care Fund	E-9403	~~0~~
Overtime/Late Arrival Fees	Disinterment fee's	1887.-
Opening/Closing & Setup		
Burial Container	TOP SEAL VAULT (for Kim Crenshaw)	472.-
Handling Fees		350.-
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		85.-
Sales taxes		36.58
	Total Due	2830.58
	Paid receipt number P-00708	-566.00
	P-01018 $2,264.58 Balance due	2,264.58 ~~0~~

PAID
OCT 19 2007
MOUNT HOPE CEMETERY

Disinterment
10/25/2007 @ 10:00

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

230706

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

X [signature]
Signature

X Duressa Ann Ballard / Freeman
Print Name

X 557 Nadeen Way
Address

X El Cajon, CA 92021
City Zip Code

X (619) 444-7485
Telephone

Invoice # _____

Work Order # E 20111

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

2/16
mailed coupons

Bobby Hester
619 579 0261

20/30

E20111

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Edgar Crenshaw

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

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: C. Kim Crenshaw

Interment Date: 10/26/07 Time: _____

Div: 12 Sect: 3 Blk/Row: ____ Lot: 126 Grave: 10

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

230705 E-20111 **PRE NEED DISINTERMENT/ RE INTERMENT OF MR EDGAR CRENSHAW** 1st/4 3-15-07
plus cost for ts vault for Ms Crenshaw on top of his ts vault.

Crenshaw, Kim **619-579-0261**

Div 12 Sec 3 Lot 126 Gr 10 $94.36 monthly.

	Debit	Credit	Balance
2/15/07 Opened pre-ned dis interment/reinter and trust for Kim Crenshaw (wife) to be buried on top of Edgar Crenshaw. Downpayment $566.00. P-00708	1887.00		1887.00
	943.58		2830.58
10-19-07 P-01018		566.00	2264.58
			2264.58
			0

E20111

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 Edgar Crenshaw 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 Edgar Crenshaw 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 Edgar & Kim Crenshaw is identified as:

Lot 12 Grave 3 Section 126 Division 10

We acknowledge that we have been advised that the remains of may not be present and/or intact.

Thuressa Ann Ballard

SIGNATURE(S)

RELATION TO DECEASED

WITNESSED BY

10-19-07

DATE

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

DIVERSITY

E20111

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
CLEMENTENE	KIM	BALLARD CRENSHAW	09/11/1940	10/16/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BOBBY HESTER, BROTHER 23433 VALLEY RANCH DR MORENA VALLEY, CA 92553

7A. TYPED NAME AND ADDRESS OF 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	▶ [signature]	10/23/2007

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	10/23/2007	▶ 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
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 10/26/2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

Pre-need LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/15/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Melvin Lewis Gee 230713

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 189 Grave 12

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	702.00 DWN
Paid receipt number	2,805.51
Balance due	2,805.51

PAID NOV 5 2007 MOUNT HOPE CEMETERY

P-01034

AP 04795A

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.

Melvin L Gee
Signature

MELVIN L. GEE
Print Name

4430 ½ AltaDena AVE
Address

SAN DIEGO, CA. 92115
City Zip Code

(619) 229-1372
Telephone

Invoice # _____

Work Order # E 20112

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pin: 230713 E-20112

GEE, MELVIN LEWIS 4430 1/2 ALTADENA AVE SD 92115 (619) 589-8867

DIVISION 12 SECTION 2 LOT 189 GRAVE 12

2/15/2007	Open Pre-need lot & trust account.		$3,507.51
	Downpayment: Paid with Visa AP 04795A	$ 702.00	2,805.51
3/6/07	Trust: O/C, TS Vault, H/F, R/F & Tax on Vault. Coupon #1	117.—	2688.51
4/3/07	Coupon #2 - April 2007 P00772	117.—	2571.51
5/9/07	" #3 - May 2007 P-00821	585.—	1986.51
6/13/07	" #12 June - ? P-00862	585.—	1401.51
7/9-07	#17 July 07 P-00887	585.—	816.51
9-5-07	" 18, 19, 20 Aug. Sept. Oct P-00960	351.—	465.51
10-22-07	Coupon 21 #22 Nov. Dec. P-01019	234.—	231.51
11-05-07	Coupon 23 P-01034	231.51	

PAID

NOV 5 2007

MOUNT HOPE CEMETERY

PAID

NOV 5 2007

MOUNT HOPE CEMETERY

E20112

OFFICIAL RECEIPT

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

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

P 01034

Date: 11-5, 20 07

From: M Gee Address: on file

Two hundred thirty-one 51/00 — Dollars ($ 231.51)

in Full Payment of Pre-need lot, trust paid in full.

Div 12 Sec 2 Blk/Row ____ Lot 184 Grave 12

Invoice No. E-20112

Acct. No. ____

W.O. ____

BALANCE DUE $ 0

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1152 ISSUED BY paulette C.

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

PAID

NOV - 5 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	231.51
Trust	77186	
TOTAL PAID	$	231.51

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

P00729

Date: 3/6, 2007

From: M. Gee Address: on record

Dollars ($ 117 —)

in part Payment of P.N. lot/trust #1 paym't

Div 12 Sec 2 Blk/Row Lot 189 Grave 12

Invoice No. E-20112

Acct. No.

W.O.

BALANCE DUE $ 2,688.50

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 2024

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

PAID

MAR - 5 2007

MOUNT HOPE CEMETERY

ISSUED BY Pauline

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	117. —
Trust	77186	
TOTAL PAID		$ 117 —

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

P00821

Date: 05/09/07, 20 07

From: Melvin Gee Address: 4430 1/2 Altadena Ave., SD CA 92115

Five hundred, Eighty-Five Dollars ($ 585.—)

in part Payment of Pre-need lot, trust Coupon # 3

Div 12 Sec 2 Blk/Row ____ Lot 189 Grave 12

Invoice No. E-20112

Acct. No. ____

W.O. ____

BALANCE DUE $ 1,986.51

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

PAID

MAY - 9 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	585.—
Trust	77186	
TOTAL PAID		$ 585.—

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 1085

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

P00862

Date: 6/13, 20 07

From: Melvin Gee Address: on record

Five Hundred Eighty-Five Dollars ($ 585.-)

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

Div 12 Sec 2 Blk/Row Lot 189 Grave 12

Invoice No. E-20112

Acct. No.

W.O.

BALANCE DUE $1,401.51

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1047

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

PAID

JUN 13 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	585 —
Trust	77186	
TOTAL PAID		$ 585 —

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

P00887

Date: 7- 9, 20 07

From: Melvin L. Gee Address: on record

Dollars ($ 585—)

in Part 12 Payment of PN lot, trust, coupon 17

Div Sec 2 Blk/Row Lot 189 Grave 12

Invoice No. E-20112

Acct. No.

W.O.

BALANCE DUE $ 81651

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

PAID
JUL - 9 2007
MOUNT HOPE CEMETERY

ISSUED BY pc

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	585 —
Trust	77186	

TOTAL PAID $ 585 —

☑ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 1105

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 00960

Date: 9-5 , 2007

From: M. Gee Address: on file

Three hundred fifty - one Dollars ($ 351 —)

in part Payment of Preneed lot coupon # 20 for 3 payments

Div 12 Sec 2 Blk/Row Lot 189 Grave 12

Invoice No. E- 20112

Acct. No.

W.O.

BALANCE DUE $ 465.51

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check #28

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

PAID

SEP - 5 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	351.—
Trust	77186	
TOTAL PAID	$	351.—

AC-212 (11-05)

This information is available in alternative formats upon request.

E20112

OFFICIAL RECEIPT

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

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

P 01019

Entered

Date: 10/22, 20 07

From: Melvin Gee Address: Encinitas

Dollars ($ 234.00)

in _____ Payment of Pre-need lot & trust

Div 12 Sec 2 Blk/Row _____ Lot 189 Grave 12

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 231.51

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 1145

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

PAID

OCT 2 2 2007

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	234 —
Trust	77186	

TOTAL PAID $ 234 —

AC-212 (11-05)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Lot, Trust (to) at need

Date 2/15/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Cedric Jordan 230746

in a Liner (Type of Burial Container) Funeral, date, time Tues. Sept. 18th 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row — Lot 165 Grave 4

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	535.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-60005	3,358.93
Balance due	Ø

No Pre-need transfer needed

PAID

MAR - 8 2007

MOUNT HOPE CEMETERY

money was deposited in general fund MFD 9/18/07

Military detail

Attached

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

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

Cedric O. Jordan
Signature

Cedric O. Jordan
Print Name

4223½ Winona Ave
Address

San Diego, Ca. 92115
City Zip Code

619 795-2549
Telephone

Invoice # _____

Work Order # E 20113

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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File #20113

JAMES G. CADMAN
COVENANT FIDUCIARY SERVICES
PMB 443
4140 OCEANSIDE BLVD. SUITE 159
OCEANSIDE, CA 92056-6005
(760) 724-7280

(FAX) 760-724-0427

March 7, 2007

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

RE: Pre-need for Cedric Jordan

Dear Representative:

Enclosed please find a check in the amount of $3,358.93 for the pre-need interment order for Mr. Cedric Jones - Division 12, Section 2, Lot 165, Grave 4.

Please send the deed and copy of the pre-need order directly to Mr. Jordan at:

4223 ½ Wenonah Ave
San Diego, CA 92104

Thank you for your assistance. If you need any further documentation please contact me.

Sincerely yours,

Regina C. Aubrey

Regina C. Aubrey

Enc:

cc: C. Jordan

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need
Lot, Trust

Date 2/15/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Cedric Jordan 230746

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 165 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.-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-60005	3,358.93
Balance due	Ø

PAID
MAR - 8 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

Mr. Jordan is mailing the signed interment.

Invoice #

Work Order # E 20113

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20113

60005

OFFICIAL RECEIPT

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

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

Date: March 8, 2007

From: James G Cadman as custodian for Cedric O Jordan Address: 4140 Oceanside Blvd #159, Oceanside CA 92056

Three Thousand three hundred, fifty Eight and 93/00 Dollars ($ 3,358.93)

In Full Payment of Pre-need Lot Trust for Cedric O. Jordan

Div 12 Sec 2 Blk/Row Lot 165 Grave 4

Invoice No. E-20113

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check 127

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

PAID
MAR - 8 2007
MOUNT HOPE CEMETERY

ISSUED BY Paulette C

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

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

E20113

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

		SALAZAR	X	JORDAN		

Flagged **Yes**_____ **No**_____

Blind Check Initiated By: _____ Date: _____

Interment space for: Cedric Jordan

Interment Date: Tues. Sept. 18th Time: 1:00 GS

Div: 12 Sect: 2 Blk/Row: ____ Lot: 165 Gr: 4

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20113

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
CEDRIC	OWENS	JORDAN	10/04/1952	09/02/2007 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 ANN JORDAN, FRIEND 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 filing permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Shannika Pryor	09/10/2007

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	09/10/2007	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)

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 9-18-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Yceman Fergusen	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 02/20/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hilda M. Kilbourne 516

in a Liner (Type of Burial Container) Funeral, date, time Weds. Feb 28 2007

Church, Chapel, Graveside _____ Roosdale Mortuary.

All Funeral cars 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 10

Grave space & Care Fund	E-17374 10/2004	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	pd 10/04	0
Paid receipt number	N/A	—
Balance due		0

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

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

Paul Celtz

Invoice # _____

Work Order # E 20114

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 02/20/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hilda M. Kilbourne

in a Liner (Type of Burial Container) Funeral, date, time Weds. Feb. 28 2007

Church, Chapel, Graveside _____ Ragsdale Mortuary

All Funeral cars must arrive before 3.00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row — Lot 165 Grave 10

Grave space & Care Fund E-17374 10/2004	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 pd 10/04	Ø
Paid receipt number N/A	—
Balance due	Ø

I hereby certify I am the X daughter of the above named decedent and this is your authority to make a disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 M. Bates (Signature)

Pay Cash

Work Order # E 20114

X Donna M Bates (Print name)
X 2349 Westwood St. (Address)
X San Diego 92139 (City, Zip Code)
X (619) 472-0387 (Telephone)

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

E20114

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: 2/26/07

Interment space for: Hilda Mae Kilbourne

Interment Date: Weds Feb 28 Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 165 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 _____

E20114

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

73

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HILDA	MAE	KILBOURNE	02/04/1934	02/17/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GARY KILBOURNE, SON 3142 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
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposal 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 using permit: Sunnita Fryer

8B. DATE SIGNED: 02/21/2007

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: 11.00

9B. DATE PERMIT ISSUED: 02/21/2007

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: WILMA WOOTEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA:
SAN DIEGO COUNTY VITAL RECORDS
3851 ROSECRANS ST
SAN DIEGO, CA 92110

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

10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY:3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-28-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kurt F. Jensen	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-20-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eddie Ruiz 217405

in a T.S vault (Type of Burial Container) Funeral, date, time Friday Feb. 23, 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. _____

Division 10 Section _____ Blk/Row _____ Lot 2863 Grave 1

Grave space & Care Fund D-4227	
Overtime/Late Arrival Fees	
Opening/Closing & Setup Trust pd 2/14/07	0
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	0
Paid receipt number N/A	—
Balance due	0

Army Vet WWII

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 # See attached

Work Order # E 20115

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20115

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 2-20-07

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

in a T.S vault (Type of Burial Container) Funeral, date, time Friday Feb. 23, 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. _____

Division 10 Section _____ Blk/Row _____ Lot 2863 Grave 1

Grave space & Care Fund	D-4227	
Overtime/Late Arrival Fees		
Opening/Closing & Setup	Trust pd 2/14/07	0
Burial Container		—
Handling Fees		—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees		—
Sales taxes		—
Total Due		0
Paid receipt number	N/A	—
Balance due		0

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

I hereby authorize the interment in lot I hold under deed

X Joyce Sarantos (Signature)

X Joyce Sarantos (Print Name)

X 490 S. Anza (Address)

X El Cajon, Ca 92020 (City, Zip Code)

X 619 966-9868 (Telephone)

Paulette

Invoice # _____

Work Order # E 20115

Acct # _____

RSA-104 (3-06)

This information is available in alternative formats upon request.

E20115

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 T.S vault

		Jackson	Miller	Ohlin	Williams	
		Durnil	X	martin	Ruiz	
			Boggus	Hagan	Hagan	

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette Date: 2/20

Interment space for: Eddie Ruiz

Interment Date: Friday Feb. 23 Time: 11:00 G.S

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2863 Gr: 1

Grave Laid out by: Norman Fo

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20115

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EDDIE	-	RUIZ	10/06/1923	02/16/2007	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	JOYCE SARANTOS, NIECE 490 SOUTH ANZA 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 filing permit	8B. DATE SIGNED
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE PO BOX 88 SAN DIEGO, CA 92112	FD843	▶ Richard King	02/21/2007

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	02/21/2007	▶ WILMA WOOTEN, MD

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2/23/07	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 2/21/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifton Greenwood ~~&~~ 230731

in a ASH VAULT N/A (Type of Burial Container) Funeral, date, time 2/21/07 Weds. 10:30

Church, Chapel, Graveside Delivery Only : 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 _____

ingrave w/ Mattie Greenwood

Division 12 Section 2 Blk/Row _____ Lot 97 Grave 1

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.–
Sales taxes	
Total Due	85.–
Paid receipt number R-59985	
Balance due	Ø

PAID
FEB 2 1 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.

Signature

Print Name

Address

City Zip Code

Telephone

See Attached P.A. signature

Paulette

Work Order # E 20116

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20116

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 2/21/07

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

in a ASH VAULT N/A Funeral, date, time 2/21/07 Weds. 10:30

Type of Burial Container

Church, Chapel, Graveside Delivery Only : 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.

ingrave w/ Mattie Greenwood

Division 12 Section 2 Bk/Row _____ Lot 97 Grave 1

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing	85.—
Sales taxes	
Total Due	85.—
Paid receipt number R-59965	
Balance due	Ø

PAID
FEB 2 1 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.

Signature _____

First Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

Work Order # E 20116

Invoice # _____

Acct. # _____

R54v104 (3-04)

This information is available in alternative formats upon request.

FELICIA HAURY, DEPUTY PUBLIC GUARDIAN

ESTATE OF: Mattie Greenwood

SIGNATURE: Felicia Haury

DATE 2-22-07

E 20116
90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CLIFTON	-	GREENWOOD	03/10/1915	01/18/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LESLIE ATHA, DAUGHTER 222951 2003 BAYVIEW HEIGHTS ROAD SPC 99 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
MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	FD1424	▶ [signature]	02/20/2007

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	02/20/2007	▶ 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
DIS/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-21-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 2/22/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugenie Hatch 208422

in a DD Crypt 2nd (Type of Burial Container) Funeral, date, time Friday, Feb 23 @ 1:00

Church, Chapel, Graveside 12:30pm : Conrad Mortuary.

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

will be applied and billed to undersigned. X _____

Division 2 Section 2 Blk/Row 1 Lot 27 Grave 1

Grave space & Care Fund E-10943	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	0
Paid receipt number	
Balance due	

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 attached Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 20117

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20117

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/22/07

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

in a DD Crypt 2nd Funeral, date, time

Church, Chapel, Graveside ; Conrad Mortuary

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

will be applied and billed to undersigned X

Division 2 Section 2 Blk/Row 1 Lot 27 Grave 1

Grave space & Care Fund E-10943 -0-

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases – worker setting fee

Recording/Form Transfer Fees

Sales taxes

Total Due

Paid receipt number

Balance due

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

I hereby authorize the interment to be held under my signature

X MICHAEL HATCH
(Print Name)

X P.O. BOX 6065
(Address)

X PAHRUMP NV 89041
(City) (Zip Code)

X 775-751-2499
(Telephone)

Invoice #

Work Order # E 20117

Acct. #

REA 100 (3-06)

This information is available in alternative formats upon request

Original Instructions

FROM : MIKE AND ANA HATCH FAX NO. : 7757512490 Feb. 21 2007 01:31PM P1

E20117

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH SERGIUS HATCH

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

	COATLEY	DEEDS	X	GOODLESS	VALIN	
		[illegible]	[illegible]	[illegible]		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 2/21/07

Interment space for: EUGENIE HATCH

Interment Date: Fri 2/23/07 Time: 12:30pm

Div: 2 Sect: 2 Blk/Row: 1 Lot: 27 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 _____

E20117

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43927

Date: 7-20, 1993

From: Eugenie Hatch Address: 1735 Meade Ave, SD 92116

Twenty-five Hundred Forty-Nine 45/100 Dollars ($ 2149.45)

In _____ Payment of Disinter/Reinter + Pre-Need Trust for Eugenie Hatch

Lot _____ Grave 27 Row 1 Section 2 Division ~~Block~~ 2

Invoice No. _____

Acct. No. _____

W.O. E-10943

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 2436

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

ISSUED BY Wait

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	380	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	1045	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	29	45
TOTAL PAID	$	2149	45

E20117

94

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EUGENIE	N.	HATCH	10/10/1912	02/21/2007	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	MICHAEL S. HATCH, SON PO BOX 6065 PAHRUMP, NV 89041

7A. 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
CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY LEMON GROVE, CA 91945-1533	FD941	▶ [signature]	02/21/2007

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	02/22/2007	▶ 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 STREET 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 2-23-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 AT need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/21/07

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

in a Liner (Type of Burial Container) Funeral, date, time Wed, Feb 28

Church, Chapel, Graveside Greater Gospel Center ; 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 2 Grave 5

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number	
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.

I hereby authorize the interment in lot hold under deed.

Lennie St. Julien
Signature

Lennie St. Julien
Print Name

5612 Zircon St.
Address

San Diego, Ca 92114
City Zip Code

619 263-8887
Telephone

Invoice # _____

Work Order # E 20118

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

VOID

Family owned Some other Cemetery

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

E20118

DATE / TIME RECEIVED CALL: 02/20/07

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: CA BURIAL
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON:
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED:

NAME OF DECEASED:

LAST NAME: Benson
FIRST NAME: IRENE 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:

Walkin re: Low Income Program

E20118

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: IRENE DENSON

Address: 5612 ZIRCON 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.

Bernia St. Julian — 2/20/07

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 G. Dorsey — 2/21/07

Approved by — Date

Current W-2 + SSA documents verified on: 2/21/07

Approved By MFD

Date 2/21/07

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

DIVERSITY

allan 390-8024

E20118

Social Security Administration
Supplemental Security Income
Notice of Overpayment

Date: November 8, 2006
Claim Number: 548-86-6176 DI

435 1101,M04,014,053463 000053463 02 MB 0.563

IRENE DENSON
5612 ZIRCON ST
SAN DIEGO CA 92114-1249

We are writing to let you know that we've paid you $836.00 too much Supplemental Security Income (SSI) money. The overpayment happened in October 2006. You were overpaid because you received and cashed two or more payments for a month.

We have attached to this letter a detailed explanation of your overpayment.

You must pay us back unless we decide you shouldn't have to pay us back or we're wrong about the overpayment. If you think you shouldn't have to pay us back or you disagree with the decision about the overpayment, you can:

- Ask for a waiver,
- Ask for an appeal, or
- Do both.

This letter will tell you more about these things you can do.

If We Don't Hear From You In The Next 30 Days

We plan to collect this overpayment from your SSI checks. We'll hold back $83.60 each month starting with February 2007 until you have paid us back. If you ask for waiver or appeal in the next 30 days, we won't change your check until we decide your case.

If You Think You Should Not Have To Pay Us Back

You may not have to pay us back. Sometimes we can waive the collection of an overpayment, which means you won't have to pay us back. For us to waive the collection of the overpayment, two things have to be true.

- It wasn't your fault that you got too much SSI money.

AND

See Next Page

- Paying us back would mean you can't pay your bills for food, clothing, housing, medical care or other necessary expenses, or it would be unfair for some other reason.

If you think these are true about you, contact any Social Security office. You can ask for waiver at any time by completing the waiver form and returning it to us. The form is called Request for Waiver of Recovery or Change in Repayment Rate, Form SSA-632. We will be happy to help you fill out the form. If you ask for waiver in the next 30 days, we will not withhold your payments until we decide if we can waive collection. If you ask for waiver after that time, we will stop collecting the overpayment while we decide if we can waive collection.

If You Disagree With The Decision

If you disagree with the decision, you have the right to appeal. We will review your case and consider any new facts you have.

- You have 60 days to ask for an appeal. If you ask in the next 30 days, we won't change your check until we decide your case.
- Both the 30 day and 60 day periods 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 three 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.
- Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.
- Formal Conference. This is a meeting like an informal conference. The difference is we can make people come to help prove you're right. We can make them bring important papers about your case, even if they don't want to help you. You can question these people at your meeting.

E20118

If You Want Help With Your Appeal

You can have a friend lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

How To Pay Us Back

There are two ways you can pay us back.

- As we said earlier, we plan to hold back money from your SSI check. We'll hold back $83.60 each month starting with February 2007 until you have paid us back. This is not more than 10 percent of your total income. Ten percent is the most we can hold back without your consent. Contact us if you want a different amount held back.

- Another way to pay us back is to send us a check or money order for the full amount of your overpayment of $836.00. Paying us this way is voluntary. Make your check or money order out to the Social Security Administration. Be sure to put your Social Security number on it. Please use the enclosed envelope to mail the check or money order to us. Also, be sure to enclose the payment stub with your check or money order.

If You Have Any Questions

For general information about SSI, visit our website at www.socialsecurity.gov on the Internet. There, you will also find the law and regulations about SSI eligibility and SSI payment amounts.

For general questions about SSI or specific questions about your case, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 619-267-1175. Our lines are busiest early in the week and early in the month, so if your business can wait, it's best to call at other times. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
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. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Linda S. McMahon
Deputy Commissioner
for Operations

Enclosure(s):
A Detailed Explanation of Your Overpayment
Payment Stub
Refund Envelope

E20118

A Detailed Explanation Of Your Overpayment

Overpayment Summary

You were overpaid $836.00. We looked at the money amounts we paid and the money amounts we should have paid for each month listed below in determining the overpayment amount. The following chart shows how much your payment changed each month. The first column lists the month(s) we paid you incorrectly. The next column shows the incorrect amount paid for each month. The last column shows the amount we should have paid you for each month.

The SSI we paid you included some payments we made for your State. We show your total SSI below, and then the part of this money that is from your State. We added all of the incorrect money amounts. Then we added all of the correct money amounts we should pay. We subtracted the total incorrect money amount from the total correct money amount to get the total overpayment.

Month	Amount Paid	Correct Amount
October 2006	$1,672.00 ($466.00 is California's)	$836.00 ($233.00 is California's)

Why You Were Overpaid

We sent you two checks for October 2006 both in the amount of $836.00 and both checks were cashed. Since you were due only one check, we paid you $836.00 too much in benefits.

E20118

PAYMENT STUB

OMB No 0960-0462

- Return the bottom portion of the stub with your payment.
- Use the enclosed envelope to mail your payment to us.
- Do not send cash.
- Do not enclose any correspondence with your remittance. Send any correspondence to your local Social Security office.
- If you pay by check or money order, include the Social Security Account Number as shown below and make the check or money order payable to "Social Security Administration."
- If paying by credit card, complete the appropriate information below and return it in the enclosed envelope

  OR

  to pay by phone, call 1-800-227-8835 TOLL FREE during the hours 8:00 AM to 4:30 PM PT. Please have this notice and your credit card available when you call.

SSA-53-EP

DETACH HERE. DO NOT STAPLE.

ACCOUNT NUMBER: 548-86-6176-DI
IRENE DENSON

AMOUNT DUE: $836.00
DATE DUE: December 8, 2006

PAYMENT AMOUNT $ _____

[]MASTERCARD []VISA []DISCOVER

Credit Card Number _____ Exp Date _____

Cardholder's Signature _____ Date _____

SOCIAL SECURITY ADMINISTRATION
PO BOX 3430
PHILADELPHIA PA 19122-9985

45488661761104030002DENSOIRE40000836000000008360000083600050000000000006

Privacy Act and Paperwork Reduction Act Statements

The Social Security Administration (SSA) has authority to collect the information requested on the PAYMENT STUB under section 204 of the Social Security Act. Giving us this information is voluntary. You do not have to do it. We will need this information only if you choose to make payment by credit card. You do not need to fill out the credit card information if you choose another means of payment (for example, by check or money order).

If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. This will allow you to repay your overpayment with your credit card. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of information provided to SSA listed in the Federal Register. If you want more information about this, you may call or write any Social Security office.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

This information collection meets the clearance requirements of 44 U.S.C. section 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management Budget control number. We estimate that it will take you about 6 minutes to read the instructions, gather the necessary facts, and answer the questions.

E20118

Safe, accurate, FAST! Use IRS e-file

OMB No. 1545-0008

Form **W-2 Wage and Tax Statement** 2006

7 Social security tips	1 Wages, tips, other compensation 9466.59	2 Federal income tax withheld 2337.48
8 Allocated tips	3 Social security wages 9466.59	4 Social security tax withheld 586.93
9 Advance EIC payment	5 Medicare wages and tips 9466.59	6 Medicare tax withheld 137.27

c Employer's name, address, and ZIP code
SAN DIEGO TRANSIT CORPORATION
1255 IMPERIAL AVE SUITE 1000
SAN DIEGO, CA 92101

10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
b Employer identification number (EIN) 95-2481158		12b
d Employee's social security number 553-80-6000		12c
14 Other CASDI-$75.73		12d
		13 Statutory employee / Retirement plan X / Third-party sick pay

e Employee's name, address, and ZIP code
LENNIE M ST JULIEN
5612 ZIRCON
SAN DIEGO, CA 92114

15 State CA	Employer's state ID number 92501337	16 State wages, tips, etc. 9466.59	17 State income tax 561.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

COPY C-For EMPLOYEE'S RECORDS

Dept. of the Treasury -- IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

(see Notice to Employee on back of Copy B.)

Safe, accurate, FAST! Use IRS e-file

Visit the IRS website at www.irs.gov/efile

OMB No. 1545-0008

Form **W-2 Wage and Tax Statement** 2006

7 Social security tips	1 Wages, tips, other compensation 9466.59	2 Federal income tax withheld 2337.48
8 Allocated tips	3 Social security wages 9466.59	4 Social security tax withheld 586.93
9 Advance EIC payment	5 Medicare wages and tips 9466.59	6 Medicare tax withheld 137.27

c Employer's name, address, and ZIP code
SAN DIEGO TRANSIT CORPORATION
1255 IMPERIAL AVE SUITE 1000
SAN DIEGO, CA 92101

10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
b Employer identification number (EIN) 95-2481158		12b
d Employee's social security number 553-80-6000		12c
14 Other CASDI-$75.73		12d
		13 Statutory employee / Retirement plan X / Third-party sick pay

e Employee's name, address, and ZIP code
LENNIE M ST JULIEN
5612 ZIRCON
SAN DIEGO, CA 92114

15 State CA	Employer's state ID number 92501337	16 State wages, tips, etc. 9466.59	17 State income tax 561.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Dept. of the Treasury -- IRS

COPY B-To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
total of 10 Chairs

Date 2/21/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Myron Robinson Lester 230736

in a D.D CRYPT "A" (Type of Burial Container) Funeral, date, time Friday Feb 23 10:00

Church, Chapel, Graveside CA Burial Mortuary Jeanette

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

will be applied and billed to undersigned _____

Division 12 Section 1 Blk/Row _____ Lot 44 Grave 9

Grave space & Care Fund P-00199 E-19036 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 grandmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

X Maryne Lester
Signature

X MR 228673
Print Name

8001 Skyline Dr
Address

SD CA 92114
City Zip Code

619-267-7027
Telephone

Invoice # _____

Work Order # E 20119

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20119

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 Double Crypt "A"

		Aguilar				
	Ponce.	Rodriguez	X		Wilson	

Flagged **Yes** ✓ **No** ____

Blind Check Initiated By: Kevin Date: 2/21/0

Interment space for: Myron R. Lester

Interment Date: Fri. Feb. 23 Time: 10:00

Div: 12 Sect: L Blk/Row: h Lot: 44 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 ____

E20119

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
MYRON	–	ROBINSON II	10/11/1987	02/14/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
TITUSVILLE	BRAZAR FL	TANYA ROBINSON-MOTHER 501 ROCK PIT ROAD #6F TITUSVILLE, FL 32796

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking charge	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115	FD-1357	▶ [signature]	02/20/2007

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	02/20/2007 V MITCHELL	▶ 2700254

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF 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 P.O. BOX 85222 SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 2-23-07	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 02/21/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ester Bernardino 230735

in a DD CRYPT "A" (Type of Burial Container) Funeral, date, time Sunday Feb 25 11:00

Church, Chapel, Graveside _____ Berge-Roberts Mortuary.

(619) 474-6565

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 67 Grave 10

Grave space & Care Fund E-17055 <4-23-02>	0
Overtime/Late Arrival Fees	1133.–
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	1133.–
Paid receipt number R-59988	1133.–
Balance due	0

PAID FEB 21 2007 MOUNT HOPE CEMETERY

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

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

X [signature]
Signature

(619) 474-8546

Paulette

Work Order # E 20120

#39

X [illegible]
Print Name

1417 Longview Dr
Address

X Chula Vista CA 91915
City Zip Code

X
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20120

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

	SIAOSI					
	BOUNT		X		TREE	

Flagged **Yes** X **No**

Blind Check Initiated By: LEWIN Date: 2/21/07

Interment space for: Ester Bernadino

Interment Date: SUNDAY Time: Chapel 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 67 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 ____

E20120

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
ESTER	B.	BERNARDINO	05/06/1923	02/20/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	CARMELITA BERNARDINO, DAUGHTER 1417 LONG VIEW DR CHULA VISTA, CA 91915

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - NC, 607 NATIONAL CITY BLVD NATIONAL CITY, CA 91950	FD-284	▶ Lisa Castro	02/22/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed plated 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	02/23/2007	▶ 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): 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 3-25-07	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 2-21-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert P. Goodin 230739

in a DDCRYPT "A" (Type of Burial Container) Funeral, date, time March 1 Thurs 1st 11:00

Church, Chapel, Graveside ____ ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. ____

Division 11 Section 1 Blk/Row ____ Lot 144 Grave 4

Grave space & Care Fund E-10730 (3-31-1995) 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 ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 # ____

Work Order # E 20121

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Willa Goodin

E 20121

O/C 77181 – (350)
B/C 77182 – (360)
N/F 77185 – (320)
R/F 77183 (45)
60101 78390 (27.90)

601 Fund
63033 [illegible] $1,102.90

Maria, check accting before I type thanks

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 2-21-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert P. Goodin 2

in a DDCRYPT "A" (Type of Burial Container) Funeral, date, time THURS., MAR 1ST, @ 11AM

Church, Chapel, Graveside CHURCH 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 144 Grave 4

Grave space & Care Fund E-10730 (3-31-1995) 0

Overtime/Late Arrival Fees ..... —

Opening/Closing & Setup ..... —

Burial Container ..... —

Handling Fees ..... —

Flower vases – Market setting fee ..... —

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

Sales taxes ..... —

Total Due ..... —

Paid receipt number _____ —

Balance due 0

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

Willa M Goodin
Signature

WILLA GOODIN
Principal's
5206 SAN BERNARDO TERRACE
Address
SAN DIEGO, CA 92114
City Zip Code
(619)264-0951
Telephone

Invoice # _____

Work Order # E 20121

Acct. # _____

This information is available in alternative formats upon request.

E20121

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot + Trust

Date 4-5-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willa + Robert Goodin

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-Korea

Lot 144 Grave 4 Row _____ Section 1 Division/[redacted] 11

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup 2 @ $350.00	700.00
Burial Container	360.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee 2 @ $45.00	90.00
Sales taxes	27.90
Total Due	~~2292.90~~
Paid receipt number 43551	573.00
Balance due	1719.90

Paid in full 3-31-93 J. Rausch

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

Willa M. Goodin
Signature
5206 San Bernardo Ln
Address
San Diego, Ca. 92114
City Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 10730

PY-503 (Rev. 8-92)

E20121

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"

		Evans	Reed			
			X		Gaffard	
		Thompson Sr		COOK	COOK	

Flagged Yes ✓ No

Blind Check Initiated By: Ruletle Date: 2/22

Interment space for: Robert P. Goodin

Interment Date: March 1 Thurs Time: 11:00 Church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 144 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 ____

E20121

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
ROBERT	PAUL	GOODIN	09/16/1927	02/21/2007	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	WILLA MAE GOODIN, WIFE 5206 SAN BERNARDO TERRACE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Jennifer Ryan	02/28/2007

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	02/28/2007	WILMA WOOTEN, 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:5050 FEDERAL BLVD., SAN DIEGO, CA 92102	11B. DATE BURIED 3-1-07	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 2 IS RETAINED BY 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 2/22/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Petra Esparza #67

in a DOCRYPT "A" (Type of Burial Container) Funeral, date, time 2-27-2007 11:00

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 2088 Grave 1

Grave space & Care Fund ..... E-17017 / E-19105 ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

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

Sales taxes ..... _____

Pd for Marker & 1 gal vase INST.

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.

#66

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

Teresa Valdillez
Signature

TERESA VALDILLEZ
Print Name

764 CHAMBERLAIN AVE
Address

El CAJON CA 92020
City Zip Code

(619) 579-9010
Telephone

Invoice # _____

Work Order # E 20122

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20122

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 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 DDCRYPT A

	HALL	HALL				
		TAYLOR STANLEY	X	BROWN	HAWKINS	
				DECKER		

Flagged **Yes** X **No** ____

Blind Check Initiated By: KEVIN Date: 2/23/07

Interment space for: Pietra Esparza

Interment Date: 2/27/07 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2088 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
INITIAL 1st CALL SHEET

E20122

DATE / TIME RECEIVED CALL: FEB 22, 11AM

CALL TAKEN BY: KEVIN

RECEIVED CALL FROM:

☒ MORTUARY NAME: EL CAJON
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON:
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED:

NAME OF DECEASED:
LAST NAME: ESPARZA
FIRST NAME: PETRA 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:

11AM CHRIST OF KING

VALDILLEZ, T. 10 2088
10 1064

E20122

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 82

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PETRA	AUDACA	ESPARZA	02/23/1924	02/21/2007	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	TERESA VALDILLEZ, DAUGHTER 764 CHAMBERLAIN AVE 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	▶ [signature]	02/23/2007

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	02/23/2007	▶ WILMA WOOTEN, 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 2-27-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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 2 IS RETAINED BY 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 2/23/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ZEPHY GRANT 230941

in a Liner (Type of Burial Container) Funeral, date, time Tues. Feb. 27 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.-

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row ~ Lot 72 Grave 5

PAID

FEB 26 2007

MOUNT HOPE CEMETERY

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-59989	3,358.93
Balance due	Ø

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

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

X Dorothy Richards
Signature

X Print Name

X Address 514 N. Meadowbrook Dr.

X City S.D. Zip Code CA 92114

X Telephone

Invoice # _____

Work Order # E 20123

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20123

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 3-2-07	From: Paulette
To: Anderson-Ragsdale	Telephone #: (619) 527-3400
Telephone #:	Fax #: (619) 527-3403
Fax #:	Pages (including this cover sheet): 2
Subject: re: Zephy Grant	

COMMENTS: To office staff, we faxed the interment order on 2-26-07. We were expecting the interment order to be signed by family. If possible can this be done.

Thanks,

Paulette

3-02 Faxed to Anderson-Ragsdale a note re. interm't order needs to be signed. ASAP

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

E20123

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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 LINER

	Cavell				Brown	
			X		Armenta	
				Pedroza		

Flagged **Yes** X **No** /

Blind Check Initiated By: KEVIN Date: 2/24/0

Interment space for: Zephy Grant

Interment Date: Tues Feb 27 Time: 1:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 72 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 _____

E20123

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

16

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ZEPHY	-	GRANT	02/09/1931	02/09/2007	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 RICHARDS, NIECE 514 N. MEADOWBROOK DRIVE SAN DIEGO, CA 92114

2307

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person listed in item 6	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Dennis Richards	02/23/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is 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	02/23/2007	▶ 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)

MORTUARY'S TEMP. ENVAULTMENT

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 2-27-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. Jamison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E 20123

OFFICIAL RECEIPT

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

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

59989

Date: Feb 26, 2007

From: Anderson-Ragsdale Address: 5050 Federal Blvd SD CA

Three Thousand, Threehundred, fifty-Eight and 43/00 Dollars ($ 3,358.43)

in Full Payment of Interment of Zephy Grant services

Div 12 Sec 1 Blk/Row Lot 72 Grave 5

Invoice No. E-20123

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☑ Check 14456

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

PAID

FEB 26 2007

ISSUED BY P. Aulette

MOUNT HOPE CEMETERY

CREDIT	67007	452	80
20% Sales Care	77184		
80% Sales	100	1,811	20
of Lots	77184		
Opening/	100	533	00
Closing	77181	270	00
Burial	100		
Containers	77182	206	00
	100		
Handling Fee	77185	65	00
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101	20	43
	78390		
TOTAL PAID	$	3,358	43

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

E20123

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 2-26-07		From: Paulette
To: Anderson Ragsdale		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:	8:00 Am 2/26/07 MON
Burial fee amount due:	$ 3,896.77
Burial service fee for:	Zephy Grant
Date and time of burial service:	Tues Feb 27 1:00 church
Due date of burial fee to Mt Hope Cemetery:	ASAP
Prepared by:	Paulette
Signature:	Paulette
Mortuary Approval (print name):	
Signature:	
Date faxed back to Mt. Hope Cemetery:	

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

DIVERSITY

non-Res.
At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EVELYN UNDERWOOD 226161

in a D.D. Crypt "B" (Type of Burial Container) Funeral, date, time Sat. Mar. 3 2007 3:00

Church, Chapel, Graveside Evans-Brown Mortuary.

All Funeral cars 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 89 Grave 2

Grave space & Care Fund E-18241, D-1938 2004	Ø
Overtime/Late Arrival Fees SAT FEE	1,133.-
Opening/Closing & Setup	
Burial Container	708-
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	
Total Due	1,926.-
Paid receipt number A1853604	1,926.-
Balance due	Ø

PAID
FEB 26 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 See attached
Print Name

X 206316
Address

X _____
City ZipCode

X _____
Telephone

Invoice # _____

Work Order # E 20124

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

David underwood

858-505 9831 office

951 244- 0463 work

fax 858 573-9362

E20124

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Susan Gail Underwood 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

	Pohle	Pohle	Worth	Worth	Mitchell	
			X			Wise

Flagged **Yes** X **No** ____

Blind Check Initiated By: Kevin Date: 2-26-07

Interment space for: Evelyn Underwood

Interment Date: Sat. Mar 3, 07 Time: 3:00pm G.S.

Div: 7 Sect: 17 Blk/Row: ____ Lot: 89 Gr: 2

Grave Laid out by: Neil Morris

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20124

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

89

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EVELYN	LUCILLE	UNDERWOOD	07/21/1917	02/25/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SUN CITY	RIVERSIDE	DAVID UNDERWOOD, SON 29790 BLUE HERON CT CANYON LAKE, CA 92587

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT (Person to sign permit)	8B. DATE SIGNED
EVANS BROWN SUN CITY MORTUARY, 27010 ENCANTO DRIVE SUN CITY, CA 92585	FD1225	▶ Bettie Dale	02/27/2007

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	THIS PERMIT IS ISSUED IN 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	02/27/2007	▶ ERIC K. FRYKMAN, M.D.

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
RIVERSIDE HEALTH DEPARTMENT 4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S)

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 3-3-07	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 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.)

E20124

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

non-res.
At need

Date 2/26/07

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

in a D'D Crypt "B" (Type of Burial Container) Funeral, date, time Sat. Mar. 3 2007 3:00

Church, Chapel, Graveside Evans Brown Mortuary

All Funeral cars 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 89 Grave 2

Grave space & Care Fund	E-18241, D-1938 2004	Ø
Overtime/Late Arrival Fees	SAT FEE	1,135.-
Opening/Closing & Setup		
Burial Container		708.-
Handling Fees	PAID	
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees	FEB 2 6 2007	85.-
Sales taxes		
	MOUNT HOPE CEMETERY Total Due	1926.-
	Paid receipt number AP85 3604	1,926.-
	Balance due	Ø

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

I hereby authorize the interment in lot held under deed.

Signature

X DAVID UNDERWOOD
Print Name
29790 BLUE HERON CT
Address
CANYON LAKE CA 92587
City Zip Code
951 244 0463
Telephone

Invoice # _____

Work Order # E 20124

Acct. # _____

REA-101 (1-04)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need Res fee

Date 2/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry Milner Jr. 230738

in a Double-Depth Crypt "A" (Type of Burial Container) Funeral, date, time Thurs March 1, 2007 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 201 Grave 8

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	3,896.77
Paid receipt number R-59995	3,896.77
Balance due	Ø

PAID

Trionvase pd 3/19/07 FEB 27 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.

230737

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

X [signature]
Signature

X LARRY D. MILNER
Print Name

X 5938 Flipper Drive
Address

X San Diego, California
City Zip Code

X 619-263-7547
Telephone

Invoice # _____

Work Order # E 20125

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20125

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"

		SMITH	PRIOR	PRIOR		
		MITCHEL	X			BELL
			NIELSEN		EDMONDS	

Flagged **Yes** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Larry Milner Jr.

Interment Date: March 1, Thurs Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: _____ Lot: 201 Gr: 8

Grave Laid out by: [illegible]

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20125

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
LARRY	DONALD	MILNER	07/30/1977	02/21/2007	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	LARRY D MILNER, FATHER P O BOX 740094 SAN DIEGO, CA 92174

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Form in taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sienna [illegible]	02/26/2007

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
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	02/26/2007	▶ 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 3-1-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/27/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mattie B. Stephens 220072

in a TS VAULT (Type of Burial Container) Funeral, date, time March 2 (Fri) 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 103 Grave 1

Grave space & Care Fund E-001029 1/1980	Ø
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 (AP 766750 pd 3-28-07)	65.00
Sales taxes	27.51
Total Due	1,243.51
Paid receipt number R-59993	1,243.51
Balance due	Ø

PAID
FEB 28 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.

230753

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

x Angela Stephens
Signature

x Angela Stephens
Print Name

x 5304 Churchward St
Address

x San Diego CA 92114
City Zip Code

x 619-527-9100
Telephone

Invoice #

Work Order # E 20126

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20126

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

		LANG	BALLIOS	BANKSTON		
		STEPHENS	X	WILSON		
		McBRIDE				

Flagged **Yes** X **No** _____

Blind Check Initiated By: KEVIN Date: 2/20/07

Interment space for: MATTIE STEPHENS

Interment Date: MAR. 2 - FRI. Time: 1PM

Div: 11 Sect: 2 Blk/Row: ____ Lot: 103 Gr: 1

Grave Laid out by: [illegible]

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 2/27/07

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

in a TS Vault (Type of burial container) Funeral, date time March 2 (Fri) 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 103 Grave 1

Grave space & Care Fund E-001029 1/1980	0
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	1,243.51
Paid receipt number	
Balance due	

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

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

Angela Stephens
Signature

X ANGELA Y. STEPHENS
Print name
X 5304 CHURCHWARD STREET
Address
X SAN DIEGO, CA 92114
City Zip Code
X (619)263-7963
Telephone

Invoice #

Work Order # E 20126

Acct. #

REA-104 (3-94)

This information is available in alternative formats upon request.

E20126

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

71

1A. NAME OF DECEDENT - FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MATTIE	BELL	STEPHENS	11/05/1935	02/25/2007	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	ANGELA YVETTE STEPHENS, DAUGHTER 5034 CHURCHWARD 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	03/01/2007

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	THIS PERMIT IS ISSUED IN 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	03/01/2007	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 3-2-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. [illegible]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER - IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

non-Res
At need

Date 2/28/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucia Michel 214809

in a FS Vault (Type of Burial Container) Funeral, date, time Tues. March 6, 11:30

Church, Chapel, Graveside Delivery only! ; McCloud Mortuary. 760 795 2100

NO CHAIRS

All Funeral cars 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 4623 Grave 1

Grave space & Care Fund D-9953 1-10-1979 Ø

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 708.—

Burial Container 472.—

Handling Fees 350.—

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees 85.—

Sales taxes 36.58

Total Due 1,651.58

Paid receipt number AP 091088 VISA 1,651.58

Balance due Ø

PAID
FEB 28 2007
MOUNT HOPE CEMETERY

Paid by phone/mail

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 Angela Patton 230756 Print Name

X 270 Kenwood DR Address

X Redlands 92374 City Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 20127

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20127

Paid by
Angela Patton
20 Kenwood DR
Redlands CA
92374

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

DATE: 02/28/07 TIME: 10:16:38
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 255
CD TYPE: VISA
TR TYPE: MP

TOTAL: $1651.58M

ACCT: **********2939 EXP: ****
AP: 891089

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

Services of Lucio
Michel
Division 10 Lot 4623

E20127

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

		Harlot	Babin	Mallant		
ISRAEL		MICHEL	X			
		Anderson	Phillips	Wade		

Flagged Yes X No

Blind Check Initiated By: LEVIN Date: 3/3/7

Interment space for: Lucia Michel

Interment Date: Tues. Mar. 6, 07 Del. only Time: 11:30

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4623 Gr: ____

Grave Laid out by: David Noriega

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20127

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 2/27/07 11:10 Am

CALL TAKEN BY: Paulette

RECEIVED CALL FROM: ?

☒ MORTUARY NAME:
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: 909801-1578
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED: Angela granddaughter

NOT PASSED YET

NAME OF DECEASED:

LAST NAME: Michel
FIRST NAME: Lucia 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: 4623 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: Tonya may call who is the mother of Angela who is grand daughter of Michel, Lucia.

total $ 1651.58
liner $ 1454.82

if sat. 1133.

E 20127

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
LUCIA	VARGAS	MICHEL	01/14/1924	02/27/2007	F

5A. CITY OF DEATH: ESCONDIDO

5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: ANTONIA PATTON, DAUGHTER, 1541 CLOCK ST., REDLANDS, CA 92374

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: MCLEOD MORTUARY, 1919 E. VALLEY PARKWAY, ESCONDIDO, CA 92027

7B. CALIF. LICENSE NUMBER – IF APPLICABLE: FD299

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

8B. DATE SIGNED: 03/03/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated burial 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: $11.00

9B. DATE PERMIT ISSUED: 03/05/2007

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: WILMA WOOTEN, MD ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA: SAN DIEGO COUNTY VITAL RECORDS, 3851 ROSECRANS ST, SAN DIEGO, CA 92110

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: –

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: 3-6-07	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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 2/28/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John VANWAYK ⊗ 230775

in a ASH VAULT (Type of Burial Container) Funeral, date, time March 16, 1100 Fri

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 E 3 Grave —

Grave space & Care Fund A-8708 L19557	⊘
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	⊘
Burial Container	104.-
Handling Fees	114.-
Flower vases – Marker setting fee R-60013 WO 5454 $237	
Recording/Filing/Transfer Fees	85.-
Sales taxes	8.06
Total Due	311.06
Paid receipt number R-60000	311.06
Balance due	⊘

PAID
MAR - 5 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 See Attached Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 20128

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20128

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 2:00 PM

in a ASH VAULT (Type of Burial Container) Funeral, date, time Feb 9, ~~11:00~~ 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)	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	199.—
Burial Container	104.—
Handling Fees	114.—
Flower vases – Marker setting fee	85.—
Recording/Filing/Transfer Fees	8.06
Sales taxes	
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.

Bea V. McPherson

X Bea V. McPherson (Print Name)
X 3628 Elderberry Place (Address)
X Fairfax, VA 22033 (City, Zip Code)
X 703-435-4387 (Telephone)

Paulette

Invoice # _____

Work Order # E-20035 Acct. # _____

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

E20128

88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
John	C	VanWyk	08/18/1918	02/18/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP OF INFORMANT
Fairfax	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	8A. SIGNATURE OF APPLICANT — Person taking possession	8B. DATE SIGNED
El Camino Memorial Encinitas 340 Melrose Ave Encinitas CA 92024	FD 857	▶	03/14/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103855 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

NOTE: THIS PERMIT GIVES NO 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	2700410 ▶

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

COPY 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

Date 3/5/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BARBARA JOANN SANALA ~~X~~ 230751

in a Ash Vault Funeral, date, time March 9, 2:30 Friday

Church, Chapel, Graveside (Type of Burial Container) Family will bring ASHES American 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 3 Blk/Row _____ Lot 2143 Grave 1

Grave space & Care Fund	566.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee 4 Non vase	325.72
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	1,428.78
Paid receipt number AP005658	1,428.78
Balance due	0

PAID
MAR - 5 2007
MOUNT HOPE CEMETERY

Family pd over 27.00

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.

230747

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

Signature: Samantha Nicole Schaible

Print Name: SAMANTHA NICHOLE SCHAIBLE

Address: 25 LITTLE STREET

City: DUTTON VA Zip Code: 23050

Telephone: 804 725 7261

Invoice # _____

Work Order # E 20129

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20129

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

		Emery	McPherson			
	O'Hank		X			

Flagged **Yes** X **No** /

Blind Check Initiated By: Kevin Date: 3-5-07

Interment space for: Barbara Joann Savala

Interment Date: Fri March 9 Time: _____

Div: 8 Sect: 3 Blk/Row: _____ Lot: 2143 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 IN THE ~~ANNOLE~~ JUST BELOW WHERE THE VASE WILL GO.

5792
E20129
48

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BARBARA	JO ANN	SAVALA	01/10/1959	03/01/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	ROBERT HUGHES, BROTHER 53 E. I ST. CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
AMERICAN CREMATION SERVICE, 6136 MISSION GORGE ROAD, STE 100 SAN DIEGO, CA 92120	FD1752	▶	03/05/2007

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	03/05/2007	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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT.HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY COUNTY CREM. 192 COMMERCE DR., PERRIS, CA 92571	12B. DATE CREMATED 3/8/2007	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Ed Dozyields	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7115, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
in grave w/ Richard Warner (X- Deep)

Date 3/5/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Warner 230762

in a Liner (Type of Burial Container) Funeral, date, time Friday Mar 9 10:00

Church, Chapel, Graveside : Featheringill Mortuary.

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

Division 10 Section _____ Blk/Row _____ Lot 1330 Grave _____

Grave space & Care Fund D-1775 (1972)	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 AP# 23456	1,094.93
Balance due	0

PAID
MAR - 6 2007
MOUNT HOPE CEMETERY

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

230761

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

Signature

Tony Gaeskin
Print Name
1745 Republic St
Address
San Diego CA 92114
City Zip Code
619-264-8844
Telephone

Paulette

Work Order # E 20130

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20130

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Richard Warner (Wife)

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

		Murray	Perry			
		Davis	X	wife		
				Leonard		

Flagged Yes X No

Blind Check Initiated By: Paulette Date: 3/6

Interment space for: Dorothy Warner

Interment Date: 3-9-07 Friday Time: 10:00 A.M.

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1330 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 ____

grandson
Tony 263-1425
1094.93
~~or 384.12~~

E 20130 ORDER MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-28- 1972

CHARGE Dorothy M. Warner 263-1425

ADDRESS 5170 Pirotte Dr., S.D. Cal. 92105

NAME OF DECEASED Richard W. Warner

OWNER above

ADDRESS

MORTUARY Featheringill

X-DEEP

				D.I.P	
LOT 1330	GR	ROW	SEC	DIV 10	337 50
OPENING TIME 10:30	DAY DATE THUR. 6-1-72				110 00
— Bell	SIZE #5				73 50
grandson	ION ~~YET~~				
Tony				TOTAL	$521 00
1094.93	R				
or 384.12				BALANCE	

tion flush marker only

Military detail

30 day note

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

AUTHORIZED IN PERSON PHONE BY Dorothy M. Warner ORDER TAKEN BY D. Phillips

W.O. NO. D 1775 INVOICE NO. 13276

FORM PR-974 REV.

E20130

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 18

1A. NAME OF 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	MARGARET	WARNER	01/24/1929	03/04/2007	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	TONY GASKIN, DPOAHC 1795 REPUBLIC 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
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Dowgs	03/08/2007

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	03/08/2007	▶ WILMA WOOTEN, MD

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 3-9-07	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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

At Need
res. fee

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-5-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Julius Thomas 224177 1.00

in a D.D.CRYPT "A" (Type of Burial Container) Funeral, date, time Friday Mar. 9th 2007

Church, Chapel (Graveside) Claremont Mortuary

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

will be applied and billed to undersigned. _____ P.C.

Division MASON Section M Blk/Row _____ Lot 1 Grave ~~80~~ 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 R-60002	3,896.77
Balance due	Ø

PAID
MAR - 6 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.

230760

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

X Donna L. Jarrett
Signature

X DONNA L. JARRETT
Print Name
X 3395 CHICAGO ST.
Address
X SAN DIEGO 92117
City Zip Code
X 858-483-5637
Telephone

Paulette

Work Order # E 20131

Invoice # _____

Acct. # _____

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

NAVY Honors

© Printed on recycled paper

E2013

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

—	HIRAM			DR	—	—
			X			
		GRIPP		LOWE		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 3-6-07

Interment space for: Robert J. Thomkes

Interment Date: Friday 9th Time:

Div: MAS Sect: M Blk/Row: Lot: 1 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

Kaiser Foundation ic.
California Claims Adr on
Post Office Box 7004
Downey, CA 90242-7004

E20131

KAISER PERMANENTE®

Member Information: ROBERT J THOMAS
3395 CHICAGO ST
SAN DIEGO CA 92117

Medi
Patie

02/28/07

954573883-00

8608-0008-02

92117 LLBEDP3

E20131

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 86

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROBERT	JULIUS	THOMAS	10/17/1920	03/02/2007	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	DONNA L. JARRETT, DAUGHTER 3395 CHICAGO STREET SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
CLAIREMONT MORTUARY, 4266 MT ABERNATHY AV SAN DIEGO, CA 92117	FD1126

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 taking permit: ▶ [signature] 8B. DATE SIGNED: 03/08/2007

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	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 MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-9-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E20132

was not

included in

this Spindle:

E20100 – E20199

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 3-5-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ann E. Madore ⊗ 231017

in a ASH VAULT (Type of Burial Container) Funeral, date, time Thurs. July 26, 2007 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 2 Blk/Row _____ Lot 30 Grave 7

Grave space & Care Fund	⊘
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.—
Burial Container	79.—
Handling Fees	85.—
Flower vases - Marker setting fee (Galv. vase)	33.09
Recording/Filing/Transfer Fees	65.—
Sales taxes	6.12
Total Due	~~384.12~~ p.c.
Paid receipt number AP51506C	417.21
Balance due	⊘

PAID

MAR - 5 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.

231016

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

Signature: Rita Poumele

X Rita Poumele
Print Name

X 5786 Roswell St
Address

X San Diego 92114
City Zip Code

X (6) 255-7490
Telephone

619) 654-9375

Invoice # _____

Work Order # E 20133

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Facing North E20133

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Cindy Thomas-Madore Sister

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

			Alhambra	Mosher	Mosher	
	Johnson	Porter	X			

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette Date: 7/25/07

Interment space for: Ann E Madore

Interment Date: Thurs. July 26 Time: 2:45 pm

Div: 7 Sect: 2 Blk/Row: ____ Lot: 30 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Neil Norrington Date: 7-25-07

CREMAINS WERE PLACED MIDDLE OF GRAVE

E20133

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 67 8320-0

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANN	E	MADORE	09/17/1939	03/02/2007	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	RITA POUMELE, DAUGHTER 5786 ROSWELL 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
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

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

8A. SIGNATURE OF APPLICANT – Person taking permit: Victoria Mitchell

8B. DATE SIGNED: 3/9/07

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	03/09/2007	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): 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	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 3-13-07	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 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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Transfer of ownership

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/05/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pamela Lee Park

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

Church, Chapel, Graveside _____ : _____ Mortuary

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 88 Grave 12

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

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

Sales taxes ..... _____

PAID
MAR - 5 2007
MOUNT HOPE CEMETERY

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

Pamela Lee Park
Print Name

3224 McGraw St.
Address

San Diego, CA 92117
City Zip Code

619-861-2579
Telephone

Invoice # _____

Work Order # E 20134

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20134

THE CITY OF SAN DIEGO

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

Date: March 5, 2007

I/We Patricia A. Park

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Pamela Lee Park
Street Address: 3224 McDonald St. Apt / Unit #: —
City: San Diego ST: Ca. Zip-Code: 92117
Telephone #: 619 861-2579

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: 11 Section: 1 " " Blk / Row: " — "
Lot(s): 88 Grave(s): 12-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 5 day March 2007

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

Maria A. Docenly — WITNESS
Patricia A. Park — Legal Owner / Reprehensive Signature

WITNESS
Legal Owner / Reprehensive Signature

CEMETERY REPREHENSIVE NAME
Cemetery Reprehensive Signature

ORDER — MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-30 1973

CHARGE Patricia A. Park

ADDRESS Below

NAME OF DECEASED Bobby L. Park

OWNER Patricia A. Park

ADDRESS 3224 Mc Graw St. S.D. (17)

MORTUARY Pacific Beach 272-6842

X-DEEP	D.I.P.	
LOT 88 GR 12 ROW SEC 1 DIV 11	250	00
OPENING TIME 1:30P DAY DATE Fri 8-31-73	110	00
VAULT W-T.S. SIZE #5	106	00
REMOVAL OR FOUNDATION (YES)		
TOTAL	$466.	00
PAID RECEIPT NUMBER		
BALANCE		

flush marker Only
30 Day Note

U.S.N.

#1049

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 Mrs. Patricia A. Park ORDER TAKEN BY B.W. Mehne

W.O. NO. D 3472 INVOICE NO. 16945

FORM PR-974 REV.

E20134

CITY OF SAN DIEGO, CALIFORNIA

INVOICE

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

DATE 8/31/1973 NO. 16945

DEPT.	DEPT. REF. NO.	YOUR ORDER NO.
Cemetery		D-3472

Patricia A. Park
3224 McGraw Street
San Diego, Calif. 92117

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
CITY OPERATIONS BUILDING, COMMUNITY CONCOURSE
SAN DIEGO, CALIFORNIA 92101
DETACH AND FORWARD WITH REMITTANCE

THIS INVOICE IS DUE AND PAYABLE 8/31/1973 (DATE) AND BECOMES DELINQUENT THEREAFTER

DESCRIPTION OF CHARGE	AMOUNT
Bobby L. Park Services	
Lot 88 Gr 12 Sec 1 Div 11 (D.I.P.)	$ 250.00
Opening (X-DEEP)	110.00
Whited Top Seal Vault	100.00
Sales Tax	6.00
	$ 466.00

PAID SEP 28 1973

30 Day Note

FOR ACCOUNTING USE ONLY

FUND	REVENUE ACCOUNT	AMOUNT
306	7784	$ 125.00
100	7781	110.00
100	7782	106.00
100	7784	125.00

INV. PREPARED BY: rwd

At need res fee

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/5/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jorge Roman 230758

in a DD Crypt (Type of Burial Container) Funeral, date, time Murs. Mar 8 2007 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 MASON Section A Blk/Row _____ Lot 53 Grave 5

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee 3/7/07 Pd for monument & monument-Trion vase	
Recording/Filing/Transfer Fees	65.00
Sales taxes AP 009020 $58.17 AP 005022 $206.40	41.77
Total Due	3,896.77
Paid receipt number AP 001930	3,896.77
Balance due	0

PAID

MAR - 5 2007

MOUNT HOPE CEMETERY

Marker by Conti & Son Total: $4,161.34

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

Esther Roman 230757
Print Name

6846 Parkside Ave
Address

S.D. Ca. 92139
City Zip Code

619 434-2956
Telephone

Invoice # _____

Work Order # E 20135

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20135

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"

		Col Marshall	Neta Allen	Davis		
			X			
				Paul Day		

Flagged Yes X No ____

Blind Check Initiated By: Kevin Date: ____

Interment space for: Jorge Roman

Interment Date: Thur March 8 Time: ____

Div: MAS Sect: A Blk/Row: ____ Lot: 53 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 ____

E20135

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

19

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JORGE	ALBERTO	ROMAN	07/20/1987	03/03/2007 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	ESTHER ROMAN, MOTHER 6846 PARKSIDE AVENUE 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 – Registrating permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sunnika Thao	03/06/2007

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		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	11.00	03/06/2007	▶ 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 3-8-07	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 ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinterment
Re interment

Date 3/5/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesse Morris Jr. 175049

in a Vault to DDCRYPT "A" (Type of Burial Container) Funeral, date, time Thurs. March 8th 11:00

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary Gloria

All Funeral cars 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 256 Grave 3

Grave space & Care Fund	
Overtime/Late Arrival Fees — Disinterment Fee	1419.—
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	1419.—
Paid receipt number R60004	1419.—
Balance due	Ø

PAID
MAR - 6 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 Clara Anderson
Signature

X Clara Anderson
Print Name

X 7348 Tooma St #233
Address

X San Diego, Ca. 92139
City Zip Code

X 619-470-1671
Telephone

Invoice # _____

Work Order # E 20136

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20136

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 Air seal ~~tight~~ vault

		LENOIR	TAYLOR	TOWNSEND		
	McKINNEY	REED	JESSE MOR X	McCLOUD	ABRAMSON.	

Flagged **Yes** X **No** /

Blind Check Initiated By: KEVIN Date: 3 5 07

Interment space for: Jesse Morris Jr.

Interment Date: Thurs. Mar 8 Time: 11:00

Div: 7 Sect: 14 Blk/Row: ____ Lot: 256 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 _____

E20136

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF Jesse Morris Jr.

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Jesse Morris Jr. 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 Jesse Morris Jr. 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 Jesse Morris Jr. is identified as:

Lot 256 Grave 3 Section 14 Division 7

We acknowledge that we have been advised that the remains of may not be present and/or intact.

SIGNATURE(S)	RELATION TO DECEASED
Clara Anderson	daughter

Paulette Crawford
WITNESSED BY

3-6-07
DATE

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

DIVERSITY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
15 chairs if possible

Date 3/5/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EARLENE E. MORRIS 215597

in a DDCRYPT "B" (Type of Burial Container) Funeral, date, time FRIDAY MARCH 9th

Church, Chapel, Graveside ; CA BURIAL Mortuary Gloria

All Funeral cars 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 256 Grave 3

Grave space & Care Fund C-6325 '1968'	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup SEE E-20136	N/A
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee Re-set Fee	71.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	1,170.77
Paid receipt number R-60004	1,170.77
Balance due	0

PAID
MAR - 6 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.

230759

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

Clara Anderson
Signature

Clara Anderson
Print Name
2348 Toma St. #233
Address
San Diego, Ca. 92139
City Zip Code
619-470-1671
Telephone

Invoice # _____

Work Order # E 20137

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Old Military Marker

E20137

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Jesse Morris Jr. "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 DOLFYGT "B"

		feet	x	McCloud Morris		

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette Date: 3/6

Interment space for: Earlene E Morris

Interment Date: Friday Mar 9 Time:

Div: 7 Sect: 14 Blk/Row: Lot: 256 Gr: 3

Grave Laid out by:

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

CREMAINS WERE PLACED

E20137

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

89

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EARLENE	O.	MORRIS	12/24/1917	03/04/2007	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	CLARA ANDERSON, MOTHER 7348 TOOMA ST.,#233 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 making permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶ Claudette Russ	03-06-07

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
	03/06/2007	▶ 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 3-9-07	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 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
ashes placed with
David Nestingen

16 chairs

Date 3/6/07

230829

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Glenna J. Nestingen Hazelton & 3:00

in a ASH VAULT (Type of Burial Container) Funeral, date, time April 28, 2007

Church, Chapel, Graveside ____ : ____ Mortuary.

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

will be applied and billed to undersigned. ____

Division 8 Section 3 Blk/Row ____ Lot 1909 Grave 1-B

Grave space & Care Fund ..... E-19580 — 0

Overtime/Late Arrival Fees ..... SAT. FEE $396.00 AP016016 — ____

Opening/Closing & Setup ..... — 0

Burial Container ..... — 0

Handling Fees ..... — 0

Flower vases – Marker setting fee ..... Reset pd 9-21-05 — 0

Recording/Filing/Transfer Fees ..... — 0

Sales taxes ..... — 0

Total Due ..... — 0

Paid receipt number N/A — 0

Balance due — 0

Non wo 3523

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 Attached)
Print Name

6510 Frances Ave North
Address

Seattle Washington 98103 -
City Zip Code

(Cell) 206 - 459 - 1447
Telephone

Invoice # ____

Work Order # E 20138

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Peter 206-459-1447

(Res S.D.)
Pre-Need
Ashes To be
placed with
Irvin Nestingen

E20138

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-21-05

Pin # 220659

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Glenna J. Nestingen Hazleton ⊗

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 1909 Grave 1-B

Grave space & Care Fund B-8312 (1962)	⊖
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	$149.00
Burial Container Ash vault	$79.00
Handling Fees	$85.00
Flower vases (Trion) / Marker setting fee (Reset Fee) Trion $65.71 / Reset $36.00 / Marker Fee	$101.71
Recording/Filing/Transfer Fee	$65.00
Sales taxes	$6.12
Total Due	$485.83
Paid receipt number R-59402	$485.83
Balance due	⊖

PAID

NOV 14 2005

MOUNT HOPE CEMETERY

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

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

X _____ Signature

X Print Name
X Address
X City Zip Code
X Telephone

See attach for signature

Invoice # _____

Work Order # E 19380

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20138

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ~~Ø~~ IRVIN NESTINGER

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

		SLAY	HUNTOON			
	LARSON	LARSON	X		CAMPBELL	
		COLLINS	FINLAY	SNOW		

Flagged Yes X No

Blind Check Initiated By: LEVIN Date: _____

Interment space for: Glenna Nestingen Hazelton ~~Ø~~ G.S.

Interment Date: 4-28-07 Time: 3:00pm

Div: 8 Sect: 3 Blk/Row: ____ Lot: 1909 Grl ~~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 _____

87886

E20138 ACC 242

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 91

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GLENNA	JEAN	HAZELTON	05/24/1915	01/27/2007	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	PETER A NESTINGEN, SON 6510 FRANCIS AVE N SEATTLE, WA 98103

7A. TYPED NAME AND ADDRESS OF 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-P.B., 4710 CASS ST SAN DIEGO, CA 92109	FD815	▶ [signature]	01/29/2007

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	THIS PERMIT IS ISSUED IN 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	▶ 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 4-28-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED FEB 03 2007	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 3/6/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hubbie Haley 230766 10:00

in a Liner (Type of Burial Container) Funeral, date, time Tuesday - March 13 2007

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 $ _____

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row _____ Lot 188 Grave 11

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	535.-
Burial Container	270-
Handling Fees	206-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-60007	3,358.93
Balance due	Ø

PAID MAR - 9 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 230765 Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached signed papers

Invoice # _____

Acct. # _____

Paulette

Work Order # E 20139

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Military/Army

E20139

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

				Mittenmyer	Alvarez	
			X	Goodman	Jones	
			Check			

Flagged Yes ✓ No

Blind Check Initiated By: Paulette Date: 3/12/07

Interment space for: Hubbie Haley

Interment Date: Tues March 13 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 188 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 _____

E20139

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 3/6/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hubbie Haley 10:00

in a Liner (Type of Burial Container) Funeral, date, time Tuesday - March 13 2007

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 183 Grave 11

Grave space & Care Fund	2264 —
Overtime/Late Arrival Fees	533 —
Opening/Closing & Setup	270 —
Burial Container	206 —
Handling Fees	
Flower vases – Marker setting fee	65 —
Recording/Filing/Transfer Fees	20.93
Sales taxes	
Total Due	3,358.93

Paid receipt number _____

Balance due _____

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

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

x Cheryl Stewart
Signature

x Cheryl Stewart
Print Name

x 172 Buccaneer Dr
Address

x San Diego 92114
City Zip Code

x 619 2621782
Telephone

Invoice # _____

Acct. # _____

Paulette

Work Order # E 20139

This information is available in alternative formats upon request.

E20139

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

84

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HUBBIE	HENDERSON	HALEY	09/29/1922	03/04/2007	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	CHERYL STEWART, DAUGHTER 172 BUCANEER DRIVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sienna Ka MDV	03/07/2007

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	03/07/2007	▶ WILMA WOOTEN, 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 3-13-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Nerez	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot

Date 3/8/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Shelly A Jordan 230661

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 165 Grave 6

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 P-00734	452.80
Balance due	1,811.20

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

X _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

See Attached

Invoice # _____

Paulette

Work Order # E 20140

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20140

re. Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/8/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Shelly A. Jordan

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 $ _____

be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 165 Grave 6

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 P-00734	452.80
Balance due	1,811.20

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 Shelly A Jordan (Signature)

x Shelly A Jordan (Print Name)

x 4103 Wabash Av (Address)

x San Diego CA 92104 (City, Zip Code)

x 619 283-0903 619 203-8724 (Telephone)

Paulette

Work Order # E 20140

Invoice # _____

Acct. # _____

A-104 (3-04)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need res. fee

Date 3-8-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roderick Riley 230771

In a Liner (Type of Burial Container) Funeral, date, time Friday Mar 16, 2007 1:00

Church, Chapel, Graveside _____ Anderson-Rags date 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 7 Section 15 Blk/Row _____ Lot 29 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	3,358.93
Paid receipt number R-60012	3,358.93
Balance due	0

PAID MAR 15 2007 MOUNT HOPE CEMETERY

Mort. 2 Pay

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

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

X Bertha Riley
Signature

Bertha Riley 216584
Print Name

663 56th St
Address

San Diego CA 92114
City Zip Code

619-264-5009
Telephone

Paulette

Invoice # _____

Work Order # E 20141

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20141

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

				Underwood	Lewis	
		Powell	X		Campbell	Cooks
	Lewis				Wolfe	

Flagged Yes X No

Blind Check Initiated By: Kevin Date: 3-16-07

Interment space for: Roderick Riley

Interment Date: 3-16-07 Time: 1:00 Church

Div: 7 Sect: 15 Blk/Row: ____ Lot: ~~37~~ 29 Gr: ~~7~~ 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 ____

E20141

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

		Woods	Huckaby	Love		
			X		Pratt	
		Ross	Jones	Clark		

Flagged **Yes** X **No** ____

Blind Check Initiated By: Kevin Date: ____

Interment space for: Roderick Riley

Interment Date: 3/16/2007 Time: 1:00 (c)

Div: 7 Sect: 15 Blk/Row: ____ Lot: 29 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20141

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

53

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RODERICK	MILTON	RILEY	02/13/1954	03/07/2007	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	BERTHA RILEY, MOTHER 663 56TH 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 using permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sennika Pryor	03/13/2007

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	03/13/2007	WILMA WOOTEN, 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 3-16-07	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.)

Pre-need
Immediat
At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/09/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hattie Mae Smith 230750

In a Liner (Type of Burial Container) Funeral, date, time Thurs. March 15 @ 11:00am

Church, Chapel, Graveside MT ZION ; Ragsdale Mortuary

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

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 167 Grave ~~6~~ 8

Grave space & Care Fund	2,269.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container Liner	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number Visa AP028708	3,358.93
Balance due	Ø

PAID
MAR - 9 2007
MOUNT HOPE CEMETERY

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

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

Charles F. Vest
Signature

Charles F. Vest 230749
Print Name
1221 Capistrano Ave
Address
Spring Valley 91977
City Zip Code
619-464-0657
Telephone

Invoice #

Work Order # E 20142

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20142

Pre-need Arrangement

I wish the services to be held at MT. ZION BAPTIST CHURCH public ☒ private ☐

My church affiliation is BAPTIST Minister REV. J. L. WHITHILL

I desire my own ☐ new ☐ clothing

Music selection 'WHEN I CAN READ MY TITLE CLEAR' 'HOW GREAT THOU ART' Soloist PEGGY ARMSTRONG

Other instructions TO BE GIVEN AT TIME OF NEED.

I prefer cremation N/A Signed authority attached N/A Urn N/A Niche N/A

Interment location

VITAL STATISTICS RECORD

Name HATTIE MAE SMITH Social Security No. 418-42-5001

Address 740 S. 36th ST. APT. 203; SAN DIEGO, CA 92113 Phone 231-3588

Single ☐ Married ☐ Widowed ☒ Divorced ☐ Spouse of

Resident of 22 YEARS SAN DIEGO COUNTY Occupation HOUSE KEEPER

Date of birth NOVEMBER 23, 1900 Birthplace MONTGOMERY, ALA.

Father's name SAM BOWIE Birthplace ALA.

Mother's maiden name PEGGIE TAYLOR Birthplace ALA.

Veteran of N/A Branch of service N/A Rank N/A

Serial No. N/A Date Entry N/A Discharge N/A

Relationship	Name	Address	City	State
GRAND-DAUGHTER	LEONA TERESIA VEST	1221 CAPISTRANO AVE.	SPRING VALLEY,	CA 92077 464-0657

E20142

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

		JONES	RASHAD			
			X			
					THOMAS	

Flagged **Yes** X **No** ____

Blind Check Initiated By: KEVIN Date: ____

Interment space for: Hattie Mae Smith

Interment Date: 3/15/07 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 167 Gr: 8 ~~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 ____

E20142

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

106

1A. NAME OF 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	MAE	SMITH	11/23/1900	03/10/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	LEONA VEST, GRANDDAUGHTER 1221 CAPISTRANO AVENUE 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 making permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Glenn Ika Pryor	03/13/2007

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	03/13/2007	WILMA WOOTEN, 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 3-15-07	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

Date 3/9/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alexandra Levenetz 230764

in a Liner (Type of Burial Container) Funeral, date, time Mon. Mar. 12, 2007

Church, Chapel, Graveside ARRIVAL 2:00pm ; Conrad Mortuary.

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

will be applied and billed to undersigned. _____

Division 2 Section 3 Blk/Row 2 Lot 28 Grave 1

Grave space & Care Fund	C-6314	Ø
Overtime/Late Arrival Fees		
Opening/Closing & Setup		533.-
Burial Container		270.-
Handling Fees		206.-
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		65.
Sales taxes		20.93
Total Due		1094.93
Paid receipt number	Visa 004175	1,094.93
Balance due		Ø

PAID MAR - 9 2007 MOUNT HOPE CEMETERY

phone

I hereby certify I am the X ~~A~~ 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

Nick/Helen Levenetz

X Nicholas Levenetz 230763
Print Name

X 9994 Conneh R.
Address

X S D 92131
City Zip Code

X 858-566-1851
Telephone

Invoice # 60124

Work Order # E 20143

Acct. # _____

REA-104 (3-04)

$487.62 Found / Border

This information is available in alternative formats upon request.

360-775-7777

Granddaughter Catherine

fax 858 536-9991

E20143

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

				[illegible]		
	SCHIENMANN		X			
	TCHEMESSOFF	GORELY				
			VALOU			

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 3/9/07

Interment space for: ALEXANDRA LEVENETZ

Interment Date: MON. MARCH 12, Time: ARRIVAL 2:00 p

Div: 2 Sect: 3 Blk/Row: 2 Lot: 28 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 _____

E20143

82

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALEXANDRA	-	LEVENETZ	12/27/1924	03/09/2007	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	HELEN LEVENETZ, DAUGHTER 11018 WEATHERWOOD TERRACE SAN DIEGO, CA 92131

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY LEMON GROVE, CA 91945-1533	FD941	▶ [signature]	03/09/2007

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
AUTHORIZATION OF LOCAL REGISTRAR		11.00	03/12/2007	▶ WILMA WOOTEN, MD

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

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

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
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 3-12-07	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 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 3/9/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dikran S. Babayan 230768

in a Liner (Type of Burial Container) Funeral, date, time Tues, March 13 @ 10:30

Church, Chapel, Graveside _____ ; Mayer (DICK) Mortuary.

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

will be applied and billed to undersigned. _____ pc

Division 12 Section 2 Blk/Row _____ Lot 215 Grave X3

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 719092	3,358.93
Balance due	-0-

PAID
MAR - 9 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.

230767

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

Sabah Babayan
Signature

SABAH. BABAYAN
Print Name
13864. AMBER. SKY. LN
Address
SAN DIEGO. CA. 92129
City Zip Code
858-484-2997
Telephone

Invoice # _____

Work Order # E 20144

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E21044

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 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 Liner

						Hur
			X			Dike
				Holmes		

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette Date: 3/12

Interment space for: Dikran S. Babayan

Interment Date: 3/ /07 Time: 10:30 Chur

Div: 12 Sect: 2 Blk/Row: ____ Lot: 215 Gr: ~~4~~ 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 ____

E20144

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
DIKRAN	S.	BABAYAN	11/25/1949	03/09/2007	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	SABAH BABAYAN, WIFE 13864 AMBER SKY LN. SAN DIEGO, CA 92129

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	FD1424	▶ [signature]	03/12/2007

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	03/13/2007	▶ WILMA WOOTEN, 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 3-13-07	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.)

Pre need TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/12/07

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

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

Church, Chapel, Graveside St. CHARLES : _____ Mortuary.

All Funeral cars 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 8

E 4449

PAID

MAR 12 2007

MOUNT HOPE CEMETERY

Grave space & Care Fund	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	237.00
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	747.06
Paid receipt number P-00743	747.06
Balance due	-0-

I hereby certify I am the Common Law 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.

Marie A. Garrido
Signature

MARIE A. GARRIDO
Print Name

1019 Imperial Beach Blvd #13
Address

Imperial Beach, CA 91932
City Zip Code

(619) 585-9491
Telephone

Invoice # _____

Work Order # E 20145

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/12/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of trust for Dora Bedell 230544

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row ~ Lot 2 Grave 4

Grave space & Care Fund	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	—
Total Due	548.-
Paid receipt number P-00742	100.-
Balance due	498.-

PAID
OCT 30 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.

230544

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

X Dora Sanders (Signature)

X Dora Sanders (Print Name)
X 3028 51st Street (Address)
X San Diego CA 92105 (City, Zip Code)
X 619 264-6593 (Telephone)

Invoice # _____

Work Order # E 20146

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20146

OFFICIAL RECEIPT

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

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

P 01023

Date: 10/30, 20 07

From: Bishop Mortuary Address:

Dollars ($ 438.00)

in Payment of Pre-need Trust 2nd burial / Dora Sanders

Div 11 Sec 2 Blk/Row Lot 2 Grave 4

Invoice No.

Acct. No.

W.O.

BALANCE DUE Ø

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check

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

PAID

OCT 30 2007

MOUNT HOPE CEMETERY

ISSUED BY Maria C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	438 00
Trust	77186	
TOTAL PAID		$ 438 00

AC-212 (11-05)

This information is available in alternative formats upon request.

E20146

OFFICIAL RECEIPT

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

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

P00742

Date: March 12, 20 07

From: Dora Bedell Address: 3028 5th St, SD. CA 92105

One hundred and 00/00 Dollars ($ 100.—)

In full Payment of Pre-need trust.

Div 11 Sec 2 Blk/Row w Lot 2 Grave 4

Invoice No.

Acct. No.

W.O.

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 11289

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

MAR 12 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

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

TOTAL PAID $ 100.—

E20146

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

This Agreement entered into this 12 day of March, 2007, Between Dora Sanders, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Division 11, Section 2, Block/Row —. Lot 2, Grave 7, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $100.92, payable as follows: $598.00 cash herewith, the receipt of which is hereby acknowledged; $20.00 on the 15th day of April, 2007;. And the balance in installments of $38.00 or more, payable at the office of Mt. Hope Cemetery, on the 15th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY.

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

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchase, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the

E20146

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.

E20146

WITNESS our hands this day and year above written.

TOTAL $ 598.00

DOWNPAYMENT $

23 MONTHS $ 20.00

FINAL
24TH MONTH $ —

TWO YEAR CONTRACT

I agree to pay the required monthly

Payments of $ 20.00 for 23 months.

Final payment to be $ on

The 24th month.

First monthly payment to begin on:

MONTH April

YEAR

Purchaser's Signature X

PURCHASER PHONE 619-264-6593

X Dora Sanders
Print Name

X Dora Sanders
Signature

X 3028 51st Street
Street Address (Mail)

X San Diego CA 92105
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

230544 E-20146

Sanders, Dora 3028 51st Street, San Diego CA 92105 619-264-6593

Division 11 Section 2 Lot 2 Grave 4

	Debit	Credit	Balance
3/12/07 Opened trust account w/ $100 down. Trust includes	533.00		533.00
$533 and $65 totaling $598.	65.00		598.00
P-00742 pd by check		100.00	498.00
4-5-07 Coupon #1 P-00774 April 07		60 —	438.00

PAID

OCT 30 2007

MOUNT HOPE CEMETERY

At Need
Non-Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/12/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sandra Renee Richardson 230770

In a double depth "A" (Type of Burial Container) Funeral, date, time Thurs. Mar 15 1:00

Church, Chapel, Graveside ; Merkley Mitchell Mortuary.

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

will be applied and billed to undersigned _____

Division 8 Section 1 Blk/Row _____ Lot 516 Grave 1

Grave space & Care Fund		3,011.00 ✓
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2 X 708 ($1416.00)	~~708.00~~ ✓
Burial Container		717.00 ✓
Handling Fees		604.00 ✓ PC
Flower vases – Marker setting fee	88.72 WO 5445	88.72
Recording/Filing/Transfer Fees	2x 85 = ($165)	~~85.00~~ ✓
Sales taxes		55.57 ✓
Total Due		$5,973.57
Paid receipt number	MC 6062.29	
Balance due	Ø	PC

MAR 13 2007
MOUNT HOPE CEMETERY

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

230769

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

Signature

Walter Richardson
Print Name

6066 Winfield Ave
Address

La Mesa 91942
City Zip Code

619 741 6066
Telephone

Invoice # _____

Work Order # E 20147

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20147

Services of
Sandra Richardson

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301022156665644

DATE: 03/13/07 TIME: 09:47:49
MERN: 222156665644 STAN: 4301 TERM: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 261
CD TYPE: MC
TR TYPE: MP

TOTAL: $6062.29M

ACCT: **********9143 EXP: ****
AP: 013621 AVS: ZIP MATCH

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

THANK YOU
PLEASE COME AGAIN

X Phone/Mail

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-20147

E20147

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

		Herrill	Trow	Craig		
Steffen	Read	Read	X	Wise		
	Lundberg		Mindemann	Crosby	Crosby	

Flagged **Yes** ✓ **No** _____

Blind Check Initiated By: Paulette Date: 3/13/07

Interment space for: Richardson, S.

Interment Date: Thurs. Mar 15 Time: 1:00 GS.

Div: 8 Sect: 1 Blk/Row: ____ Lot: 516 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 _____

[redacted]

5445
E20147

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY – WORK REQUEST

Date: 3/13/22 Submitted By: Paulette

Name of Contact Person: Walter Richardson

Address: 6066 Winfield Ave Apt. / Space:

City: La Mesa State: CA Zip Code: 91942

Telephone: 619-741-6266 Relationship to Deceased: Husband

Name of Deceased(s): Sandra Renee Richardson

LOCATION:

Div: 8 Sect: 1 Row/Blk: Lot: 516 Gr: 1

- ☐ Raise / Level / Reseed / Resod Grave
- ☐ Raise / Lower / Level Marker
- ☐ Install Galvanize Flower Can
- ☒ Install Trion Flower Vase
- ☐ Install Foundation Size
- ☐ Install Border with ____ Vase(s) / without
- ☐ Install Government Marker – Bronze / Granite
- ☐ Install Marker(s) – as indicated below
- ☐ Other Special Instructions:

Work Completed By: Date:

Work Signed Off By: Date:

REA-110 (1-04)

E20147

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SANDRA	RENEE	RICHARDSON	04/30/1955	03/10/2007	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	WALTER RICHARDSON III, HUSBAND 6066 WINFIELD AVENUE LA MESA, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
MERKLEY MITCHELL MORTUARY, 3655 FIFTH AVE SAN DIEGO, CA 92103	FD119	Kim Beaulieu	03/14/2007

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	03/14/2007	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 OF 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 3-15-07	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 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.)

E20147

LAW OFFICES OF
HEYGOOD, ORR, REYES
PEARSON & BARTOLOMEI
A d/b/a for AR&JO&MH, L.L.P.

2331 W. NORTHWEST HIGHWAY, 2ND FLOOR
DALLAS, TEXAS 75220

www.ReyesLaw.com

214.526.7900 T
877.308.7900 T
214.526.7910 F

8/4/2009 See Customer's Correspondence for entire package

Attn: Maria
Fax#619-527-3403

May 27, 2009

Mount Hope Cemetery
Attn: Records Divison Department
3751 Market Street
San Diego, CA 92102

Re:	Our Client:	Sandra Richardson
	Date of Incident:	3/10/2007
	Social Security No.:	571-92-3940
	Date of Birth:	4/30/1955

Dear Administrator:

This letter is to advise you that this office has been retained to represent Sandra Richardson in connection with personal injuries sustained in an incident on 3/10/2007.

Please forward the items checked below pertaining to this incident. Ifthere is a charge for this request please advise the undersigned in writing so that we may forward to you payment for this expense.

Funeral Records - Affidavit Style

An executed medical authorization from our client is enclosed for your records. Please advise us in writing the amount of prepayment in accordance with Medical Practice Act, Section 5.08 (K) and/or Senate Bill 667, Section 241.154 of the Texas Health & Safety Code that is required for your medical records and/or bills. **Please do not send the records prior to notifying our office in writing of the prepayment charge and your tax payor identification number.**

Thank you in advance for your cooperation in this matter. If I can be of any service please do not hesitate to contact the undersigned.

Sincerely,

Anna Velasquez
Legal Assistant

FILE COPY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need w/ wife Mary Bess

Date 3/12/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Nikovits 220838 1:00

in a D.D. CRYPT "B" (Type of Burial Container) Funeral, date, time Friday March 16 2007

Church, Chapel, Graveside _____ Claremont Mortuary.

All Funeral cars 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 49 Grave 1

Grave space & Care Fund	E-14000	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	"	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	"	—
Sales taxes	"	—
Total Due		0
Paid receipt number N/A		—
Balance due		0

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

230774

I hereby authorize the interment in lot I hold under deed

X Signature

X Print Name

X Address

See attached signed page

X City Zip Code

X Telephone

Invoice # _____

Work Order # E 20148

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Son 276-2840 (Bill)

E20148

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need w/ Wife Mary Bess

Date 3/12/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Nikovits 1:00

in a D.D. CRYPT "B" (Type of Burial Container) Funeral, date, time Friday March 16 2007

Church, Chapel, Graveside Clairemont Mortuary.

All Funeral cars 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 49 Grave 1

Grave space & Care Fund	E-146666	0
Overtime/Late Arrival Fees	"	—
Opening/Closing & Setup	"	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	"	—
Sales taxes	"	—
Total Due		0
Paid receipt number	N/A	—
Balance due		0

I hereby certify I am the 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

F William Nikovits
Signature

X WILLIAM NIKOVITS, JR.
Print Name

X 500 POPLAR AVE. #207
Address

X MILLBRAE CA 94030
City Zip Code

X (650) 697-1871
Telephone

Invoice # _____

Work Order # E 20148

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request

Son 276-2840 (Bill)

Fax 619) 5273403

619) 5273400

E20148

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-26-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Nikovits 179228

in a Double Depth (Type of Burial Container) Funeral, date, time 10-28 Wed 1:00

Church, Chapel, Graveside Church/Graveside; Clairemont 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. Y MCM

Lot 49 Grave 1 Row ____ Section 2 Division/Block 11

Grave space & Care Fund		795.00
Additional space and care fund		—
Opening/Closing & Setup	at 375.00	750.00
Burial Container		380.00
Handling Fees		320.00
Flower vases – Marker setting fee		—
Recording [illegible]	45.00	90.00
Sales taxes		29.45
Total Due		2364.45
Paid receipt number M/C		2364.45
Balance due		0

PAID
OCT 26 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

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

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

Signature of recorded holder of deed

X [signature] Signature

X 2562 COWLEY WAY Address

X SAN DIEGO, CA 92110 City Zip Code

X 619 276 2840 Telephone

Invoice # ____

Work Order # E 14666

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20148

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH in grave w/ Mary Bess "A" DDcrypt

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

		IRRIGATION LINES				
	~~Bess~~		HALL			
	BUVE		X			
	SANDERS		NEAL			
			MARTIN			

Flagged Yes X No

Blind Check Initiated By: Kevin Date: 3-14-07

Interment space for: William C. Nikovits

Interment Date: 3/16/07 Time: 1:00 Chapel

Div: 11 Sect: 2 Blk/Row: ____ Lot: 49 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: ____ Date: ____

CREMAINS WERE PLACED ____

E20148

87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLIAM	CHARLES	NIKOVITS SR.	02/25/1920	03/11/2007	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	WILLIAM NIKOVITS JR., SON 500 POPLAR AVENUE, #207 MILLBRAE, CA 94030

7A. 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
CLAIREMONT MORTUARY, 4266 MT ABERNATHY AV SAN DIEGO, CA 92117	FD1126	▶ [signature]	03/14/2007

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	03/14/2007	▶ 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 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 3-16-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 3/14/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sky Dam 230773

in a O Liner (Type of Burial Container) Funeral, date, time Friday 3/16/07 @ 11:30

Church, Chapel, Graveside _____ Aztlan Mortuary

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

will be applied and billed to undersigned _____

Division 9 Section 1 Blk/Row _____ Lot 986 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.- ~~178.00~~ PC
Burial Container 22L x 12h x 14"w	79.- ~~99.00~~ PC
Handling Fees	36.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12 ~~7.67~~ PC
Total Due	477.12 ~~524.67~~ PC
Paid receipt number AP 033218	477.12
Balance due	Ø

PAID

MAR 16 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 230772 Print Name

X _____ Address

X See attached City Zip Code

X _____ Telephone

Kevin Jiompa approved the lower amount.

Work Order # E 20149

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20149

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/14/07

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

in a O Liner (Type of outer casing) Funeral, date, time

Church, Chapel, Graveside , Aztlan Mortuary.

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

will be applied and billed to undersigned.

Division 9 Section 1 Bit/Row _____ Lot _____ Grave _____

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67

Paid receipt number _____

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 I hold under deed.

X [signature]
Signature

X Samantha Cam
Print Name

X 2606 Menlo Ave.
Address

X San Diego CA 92105
City Zip Code

X 619-264-2409
Telephone

230772

Invoice # _____

Work Order # E 20149

Acct. # _____

REA-104 (3-94)

This information is available in alternative formats upon request.

E20149

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 O LINER

GOMEZ			X		JONDY	

Flagged **Yes** X **No** ____

Blind Check Initiated By: KEVIN Date: ____

Interment space for: SKY DAM

Interment Date: Fri 3/16/07 Time: NOON

Div: 9 Sect: 1 Blk/Row: ____ Lot: 986 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 ____

E20149

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 03/12/07 150pm

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: AZTLAN ?
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON:
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED:

NAME OF DECEASED:

LAST NAME: Can Dam (1day infant)
FIRST NAME: SKY INITIAL:
D.O.D. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: x x
Mother: Samantha Cam / Father: Alex Can

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

Quote: $477.12 in 9-1 area

SPECIAL INSTRUCTIONS:

FAX (619) 222 6773

E20149

03/15/2007

Here is this part of the paperwork. The mortuary should fax their part over at some point today. It will just be getting to them this morning.
We would like to have the burial at 11:30am tomorrow, Friday, March 16, 2007.

My name is Chelsea Gastelum, 619-222-6500 or 619-405-1850. The mother is Samantha Cam who may be reachable at 619-265-5325 today. She was going to try to stop by the mortuary to leave items to go with the baby, and drop off the paperwork they will sign. She is only 16 so I am trying to help her make these arrangements. The baby's paternal grandmother will be there tomorrow, and we will stop by the office beforehand to go over payment.

Thank you for your help.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20149

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SKY	-	DAM	03/11/2007	03/11/2007	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	SAMANTHA CAM-MOTHER 2606 MENLO 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 charge	8B. DATE SIGNED
FUNERARIA AZTLAN MORTUARY SVC 7856 LA MESA BLVD LA MESA, CA 91941	FD-1658	▶ [illegible]	03/15/2007

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	J.L. Galon 03/16/2007	▶ 2700433

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE 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 SAN DIEGO, CA 92102	11B. DATE BURIED 3-16-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER IF APPLICABLE

COPY 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 res. fees

Date 03/15/07

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ETHELENE RHODES 2/6402 11:00

in a Liner (Type of Burial Container) Funeral, date, time Weds March 21

Church/Chapel, Graveside CA Burial Mortuary 619) 234-3272 ELCAJON

All Funeral cars 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 4

Grave space & Care Fund	1,132.-
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-600018	1,679.47
Balance due	0

PAID MAR 20 2007 MT. HOPE CEMETERY

MUST 2 Pay

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

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

X Signature

X Print Name 230786

X Address

X City Zip Code

X Telephone

See Attached

Invoice #

Work Order # E 20150

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

527-3403
E20150

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 03/15/07

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ETHELENE RHODES 11:00

in a Liner (Type of Burial Container) Funeral, date, time Weds March 21

Church, Chapel, Graveside CA Burial Mortuary El Cajon

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

Division 11 Section 2 Blk/Row — Lot 5 Grave 4

Grave space & Care Fund	1,132.-
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 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: Glenn D. Darden

Print Name: X Glenn D Darden/Rene 230786

Address: X 7026 Luther Way

City: X San Diego Zip Code: 92114

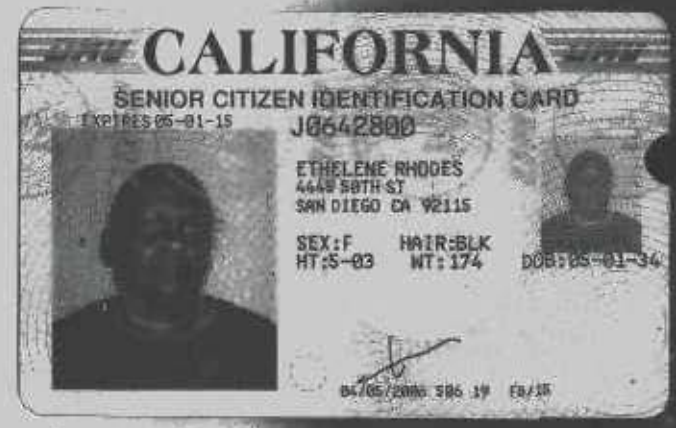
Telephone: X 619-527-4498

Invoice # _____

Work Order # E 20150 Acct # _____

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

909-215-1391
Daughter. Crystal Washington James


CALIFORNIA
SENIOR CITIZEN IDENTIFICATION CARD
EXPIRES 05-01-15
J0642800
ETHELENE RHODES
4449 50TH ST
SAN DIEGO CA 92115
SEX:F HAIR:BLK
HT:5-03 WT:174
DOB:05-01-34
04/05/2006 506 19 F8/15

E20150

Revised February 2007

E 20150

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: Ethelene Rhodes

Address: 4445 50th St

City: San Diego State CA Zip Code 92115

City of San Diego resident? (Circle) (YES) NO

Size of Family (check one)

		Annual Income				Annual Income
✓	(1)	$13,980	$633 per mo SS Benefit.	☐	(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.

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program GD initial

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 3/15/07

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 _____

Current SSA-4926 documents verified 3/16/07

Approved by — Date 3/16/07

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

DIVERSITY

E20150

035483*C0LA*BM*V14*L017

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

SOCIAL SECURITY ADMINISTRATION
WESTERN PROGRAM SERVICE CENTER
PO BOX 2000
RICHMOND CA 94802-1791

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

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

035483******AUTO** SCH 5-DIGIT 92115
ETHELENE RHODES
4445 50TH STREET
SAN DIEGO CA 92115-3317

IMPORTANT SOCIAL SECURITY INFORMATION

SOCIAL SECURITY ADMINISTRATION USA

www.socialsecurity.gov

Printed on recycled paper

Form SSA-1026-SM (1-2007)

GPO: US GOVERNMENT PRINTING OFFICE: 2006-330-078/00003

Your New Benefit Amount

E20150

BENEFICIARY'S NAME: ETHELENE RHODES

03548

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 $633.00.
- The amount we are deducting for Medicare medical insurance is $0.00.
  (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 $633.00 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.

7961 UNIVERSITY AVE
LA MESA CA

035483

BNC#: 06B1682B44498

Over ➤

E20150

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

	FENCE		LINE			
VEAL		VICTORIO	X	HALL		HARRIS
				DUNBAR		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 3/19/07

Interment space for: ETHELENE RHODES

Interment Date: WED 3/21/07 Time: 11AM

Div: 11 Sect: 2 Blk/Row: ___ Lot: 5 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 ___

E20150

72

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ETHELENE	-	RHODES	05/01/1934	03/14/2007	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	GLENN DARDEN, SON 7026 TUTHER WAY SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	Victoria Mitchell	3/19/07

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	03/19/2007	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 3-21-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin 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 2 IS RETAINED BY 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.)

E20150

OFFICIAL RECEIPT

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

add to interment order

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

61544

Date: 03/30, 20 09

From: Renee A. Darden Address: 7026 Tuther Way, San Diego CA 92114-5941

Two Hundred, forty three 71/00 Dollars ($ 243.71)

in full Payment of Selling fee and trion vase for Ethelene Rhodes

Div 11 Sec 2 Blk/Row Lot 5 Grave 4

Invoice No. E20150

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check

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

PAID
MAR 30 2009
MOUNT HOPE CEMETERY

ISSUED BY paul [illegible] C.

CREDIT	67007			
20% Sales Care	77184			
80% Sales	100			
of Lots	77184			
Opening/	100			
Closing	77181			
Burial	100			misc
Containers	77182	178.	00	Setting
	100			
Handling Fee	77185	25.	00	h/f
Recording &	100			
Misc. Fees	77183	35.	00	misc
Sales Tax	60101	2	71	Tax
	78390			
TOTAL PAID	$	243.	71	

AC-212A (11-08) 64142

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need
Lot, Trust

Date 03/15/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Kimberly Henderson 230752

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 u Lot 248 Grave 3

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	2093
Total Due	3,358.93
Paid receipt number P-00753	3,358.93
Balance due	Ø

PAID
MAR 15 2007
MOUNT HOPE CEMETERY

I hereby certify I am the X Family 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 [signature]
Signature

228532
X Tyrone Brown #2
Print Name
X 3288 - El Cajon - Blvd
Address
X San Diego CA 92104
City Zip Code
X 619-640-4477
Telephone

Invoice # _____

Work Order # E 20151

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 3/19/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OENA COOPER 207351

in a Liner (Type of Burial Container) Funeral, date, time TUES. MARCH 20, 11:00

Church, Chapel, Graveside _____ HEATH Mortuary.

All Funeral cars 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 206 Grave 5

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-60017	3,358.93
Balance due	Ø

PAID

MAR 19 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 1 hold under deed.

Signature: Veronica Lewis

230777

Print Name: VERONICA LEWIS

Address: 8181 N. Becker

City: Fresno Zip Code: 93720

Telephone: 559 323-6785

Invoice # _____

Work Order # E 20152

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20152

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

			GALIOLA			
			X			
JACKSON				GILLESPIE		TAVAREZ

Flagged **Yes** X **No** ____

Blind Check Initiated By: KELLAL Date: 3-19-07

Interment space for: OENA COOPER

Interment Date: TUES 3/20/07 Time: 12:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 206 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 ____

E20152

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 3/19/07 9:20 AM

CALL TAKEN BY: Paulette

RECEIVED CALL FROM: ~~264-3168~~

☒ MORTUARY NAME: ~~Cypressview~~ Health
☐ FAMILY MEMBER / REPRESENTATIVE Funeral
CONTACT PERSON:
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED: Sharon 477-0363

NAME OF DECEASED:
LAST NAME: Cooper
FIRST NAME: Oena INITIAL: 477-4139
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: Have lot at La Vista but they do not like it there they like Mt. Hope.

fax 619 477-4130

E20152

To SC
Date 3/19 Time 10:33 AM PM

While You Were Out

M Sharon
of Death
Phone 477 4139 or 0363
Area Code Number Extension

URGENT!		TELEPHONED	
CAME TO SEE YOU		RETURNED YOUR CALL	
WANTS TO SEE YOU		PLEASE CALL	
RUSH		WILL CALL AGAIN	

MESSAGE Call when family finalizes arrangements

NATURE SAVER

SIGNED

Reorder No. 01325

E20152

16

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CINA	-	COOPER	09/29/1930	03/12/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted] CLARA	SANTA CLARA	VERONICA LINES, DAUGHTER 8181 NORTH BACHER AVE FRESNO, CA 93720

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
HIGH FUNERAL HOME, 611 HIGHLAND AVE NATIONAL CITY, CA. 91950	FD807

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 making permit: ▶ Sharon Burke

8B. DATE SIGNED: 03/13/2007

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: $11.00

9B. DATE PERMIT ISSUED: 3/13/07

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Wilma J. Wooten, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA
SAN JOSE, CA. 95128

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS
3851 Rosecrans St. SAN DIEGO, CA. 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 3-19-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Houston 230779

in a DD Crypt A (Type of Burial Container) Funeral, date, time Friday Mar 23 11:00

Church, Chapel, Graveside WM 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 11 Section 1 Blk/Row _____ Lot 145 Grave 2

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	46.77
Total Due	3896.77
Paid receipt number R-60022	3358.90
R-60023	537.87
Balance due	537.87

PAID

MAR 21 2007

MOUNT HOPE CEMETERY

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

230778

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

Signature

ELLA M. HOUSTON
Print Name

6228 ALDERLEY ST
Address

SAN DIEGO CA. 92114
City Zip Code

619-264-4694
Telephone

Pauletta

Invoice # _____

Work Order # E 20153

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Honorable discharge Army

E50153

Army of the United States

Honorable Discharge

This is to certify that

CHARLES C. HOUSTON
38641825, Private, Hq. & Hq. Det.Rec.Bn., Reception Center
Camp Wolters, Texas

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to his country.

Given at Camp Wolters, Texas

Date 18 February 1944

E20153

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

		JARRETT	TAYLOR	HOLMES		
	GRAFFORD	McKNIGHT	X		GALLETO	
			GERARD	GERARD		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 3-19-07

Interment space for: CHARLES HOUSTON

Interment Date: FRI 3/23/07 Time: 11AM

Div: 11 Sect: 1 Blk/Row: ____ Lot: 145 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 20153

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

81

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHARLES	C	HOUSTON	11/19/1925	03/17/2007	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	ELLA HOUSTON, WIFE 6228 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
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575		03/23/2007

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
AUTHORIZATION OF LOCAL REGISTRAR		11.00	03/23/2007	WILMA WOOTEN, 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 3-23-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kum F. Jamyn	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

TOTAL of 12 chairs

Date 3/19/07

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

of John B. Ogden 221086

in a DD CRYPTA (Type of Burial Container) Funeral, date, time SAT. MARCH 24 2007

Church, Chapel, Graveside _____ Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 2817055

will be applied and billed to undersigned. _____

Division MAS Section E Blk/Row _____ Lot 10 Grave 2

Grave space & Care Fund	<54-1906>	Ø
Overtime/Late Arrival Fees	SAT FEE	851.-
Opening/Closing & Setup	PAID	533.-
Burial Container		539.-
Handling Fees	MAR 2 1 2007	454.-
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	MOUNT HOPE CEMETERY	65.-
Sales taxes		41.77
	Total Due	2,483.77
	Paid receipt number AP 021352	2483.77
	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.

230780

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

X Elizabeth O. Piazzoni
Signature

CDL J0295710

10-29-07

X Elizabeth O. Piazzoni
Printname

X 265 First Ave
Address

X Chula Vista 91910
City Zip Code

X 619-426-3717
Telephone

Invoice # _____

Work Order # E 20154

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20154

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"

		Facing EAST				
			X			
		Beatie	Burne	Campbell	Lane	

Flagged **Yes** ✓ **No** ____

Blind Check Initiated By: Paulette Date: 3-20

Interment space for: John B. Ogden

Interment Date: 3/23/07 Time: ____

Div: MAS Sect: E Blk/Row: ____ Lot: 10 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 ____

E20154

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
JOHN	ELOUVELT	OGDEN	02/15/1913	03/19/2007	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	BARBARA OGDEN, WIFE 2929 CHATSWORTH BLVD. 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
MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	FD1424	▶ [signature]	03/20/2007

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	03/22/2007	▶ 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 3-24-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 of Alfred Obayashi

Date 3/21/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gmiko Obayashi ⊗ 230781 2:30

In a Ash Vault (Type of Burial Container) Funeral, date, time Mon. Mar. 26 2007

Church, Chapel, Graveside Witness ; 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 11 Blk/Row _____ Lot 31 Grave 3

Grave space & Care Fund	⊖
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.–
Burial Container	79.–
Handling Fees	85.–
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.–
Sales taxes	6.12
Total Due	$ 384.12
Paid receipt number Visa AP 02562A	384.12
Balance due	0

PAID

MAR 22 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 See attached City Zip Code

X _____ Telephone

Paulette

Work Order # E 20155

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20155

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need in grave of Alfred Obayashi

Date 3/21/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GMIKO Obayashi ⊗ 2:30

In a Ash Vault (Type of Burial Container) Funeral, date, time Mon. Mar. 26 2007

Church, Chapel (Graveside) Witness 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 11 Blk/Row _____ Lot 31 Grave 3

Grave space & Care Fund	⊖
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	384.12

Paid receipt number _____

Balance due _____

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

X Marilou Seki
Print Name
X 1307 Clove St.
Address
X San Diego, CA 92106
City Zip Code
X (619) 222-6179
Telephone

Paulette

Work Order # E 20155

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E20155

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Alfred Y Obayashi (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

		SHIMODA	KUMAJIRO	HONDA		
		TOMIMARU	x	OBAYASHI		
		NAKAMOTO	NISHIYAMA	YATO		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 3-22-07

Interment space for: EMIKO Obayashi ⊗

Interment Date: 03/26/06 Time: 2:30 Graveside

Div: 7 Sect: 11 Blk/Row: — Lot: 31 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 Bottom

92 E20155

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 1 9 1 7 5 9 6

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EMIKO	-	OBAYASHI	03/11/1915	03/19/2007	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	MARILOU S. SEKI, DAUGHTER 1307 CLOVE STREET SAN DIEGO, CA 92106

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE PO BOX 88 SAN DIEGO, CA 92112	FD 843

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.	▶ [signature]	03/22/2007

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	03/22/2007	WILMA WOOTEN, 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
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 3-26-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY - 4300 IMPERIAL AVENUE, SAN DIEGO, CA 92113	12B. DATE CREMATED 3-25-07	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 3/22/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith Mohr ~~Ex~~ 230784

in a N/A (Type of Burial Container) Funeral, date, time ~~Mon.~~ Thursday Mar 29 1:00

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 $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row W Lot 55 Grave 1

Grave space & Care Fund	566.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.-
Burial Container N/A	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	—
Total Due	850.-
Paid receipt number R69021	850.
Balance due	0

PAID

MAR 23 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

See attached 230783

Paulette

Invoice # _____

Work Order # E 20156

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20156

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 3/22/07

Pt need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith Mohr ~~Sr~~ Funeral, date, time Mon. Mar 26 in a N/A Church, Chapel, Grave Side Anderson-Ragsdale Mortuary.

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

Division 8 Section 4 Bk/Row _____ Lot 55 Grave 1

Grave space & Care Fund	566.-
Overtime/Late Arrival Fees	199.-
Opening/Closing & Setup	—
Burial Container N/A	—
Handling Fees	—
Flower vases – Mortar setting fee	85.-
Recording/Fees/Transfer Fees	—
Sales taxes	750.-
Total Due	

Paid receipt number _____ Balance due _____

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

230783

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

Signature

x Eric Hunter POA
x 4817 Palm Ave Ste C
x La Mesa, CA 91941
x 619.819.5185

Invoice # _____
Acct # _____

Paulette

Order # E 20156

This information is available in alternative formats upon request.

Svc. date Monday 3/26 1 p.m.

Eric N. Hunter as Power of attorney for Norma Vasquez daughter of Edith Mohr 3/22/07

6192631507

Mar 22 2007 14:45 Anderson-Ragsdale 6192631507 p.1

E20156

MAR.22.2007 2:13PM Anderson-Ragsdale 619263150 NO.111 P.1 p.1

NO.018 P01

03/22/2007 13:36 SD MT. HOPE CEMENTERY + RAGSDALE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/22/07

At need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith Mohr Sr. Funeral date, time Mon. Mar 26 in a N/A Anderson-Ragsdale Mortuary Church, Chapel, Gravesidn

All Funeral cars 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 55 Grave 1

Grave space & Care Fund	566.-
Overtime/Late Arrival Fees	199.-
Opening/Closing & Setup	—
Burial Container N/A	—
Handling Fees	—
Flower vases – Marker setting fee	85.-
Recording/Filing/Transfer Fees	—
Sales taxes	850.-
Total Due	

Paid receipt number _____ Balance due _____

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

Eric Hunter POA
4817 Palm Ave Ste C
La Mesa, CA 91941
619.819.5185

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

Signature

Invoice # _____

Acct # _____

Paulette

Order # E 20156

This information is available in alternative formats upon request.

Svc. date Monday 3/26 1 p.m.

Eric N. Hunter as Power-of-attorney for Norma Vasquez daughter of Edith Mohr 3/22/07

E20156

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 N/A

		STREET				
		ADAMS	X			
		GIRARD	BASDEN			
				YOUNG		

Flagged **Yes** X **No** ____

Blind Check Initiated By: KEVIN Date: 3/22/07

Interment space for: EDITH M. MOHR

Interment Date: ~~Mon~~ Thur 3/~~26~~29/07 Time: 1:00

Div: 8 Sect: 4 Blk/Row: ____ Lot: 55 Gr: 1

Grave Laid out by: NORMAN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED Right SIDE

E20156
18

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
EDITH	MAY	MOHR	05/24/1895	03/28/1974	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
GRANAGEVILLE	IDAHO	ERIC HUNTER:POA 4817 PALM AVENUE, STE.C LA MESA,CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD.,SAN DIEGO, CA 92102	FD-1329	Sonnika Pryor	03/15/2007

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 03/15/2007	2700430

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 MARKEY STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-24-07	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

Date 3/23/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of L.J. Drennon & 230789

in a N/A (Type of Burial Container) Funeral, date, time Thurs Mar 29

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 8 Section 4 Blk/Row ~ Lot 363 Grave 1

Grave space & Care Fund	426.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.—
Burial Container N/A	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.—
Sales taxes	—
Total Due	640—
Paid receipt number R-60226	640—
Balance due	Ø

PAID

MAR 27 2007

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 Martea Amos Drennon
Signature

230785
X Martea Amos Drennon
Print Name
3940 Manzanita Dr
Address
X San Diego 92105
City Zip Code
X 619 624 0141
Telephone

Invoice # _____

Work Order # E 20157

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20157

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 Ø N/A

		SOBEK		NYE		
	GILBERT	AMOS	x			
		GUMMETT	HANBURY			

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 3-26-07

Interment space for: L. Dacnnon Ø

Interment Date: Thurs March 29 Time: _____

Div: 8 Sect: 4 Blk/Row: _____ Lot: 363 Gr: 1

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED Left Side

E20157

8413-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
L.J.	-	DRENNON	08/13/1939	03/21/2007	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	MARTEAL DRENNON, WIFE 3940 MANZANITA 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 making permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sienna Anton	03/22/2007

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	THIS PERMIT IS ISSUED IN 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	03/22/2007	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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY; 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-29-07	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 3-26-07	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 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 7054.8, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 3/23/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Virginia Larson ⊗ 211751

In a Ash vault (Type of Burial Container) Funeral, date, ~~time~~ ~~Wed~~ MAY Apr 9

Church, Chapel, Graveside AYD 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 2477 Grave _____

Grave space & Care Fund E-11336 <02-16-94>	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 daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature: [signature]

Print Name: X Linda Rusker

Address: X 1082 Rincon Rd.

City: X Escondido Zip Code: 92025

Telephone: X 760 746 1224

Invoice # _____

Work Order # E 20158

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Interfund Transfer

© Printed on recycled paper

E2058

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Wilbur Larson

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

		HARDIE	Campbell	ABOSMAN		
	RUCKEL		x	TOM	TOM	
		LONG	ELLIOTT			

Flagged **Yes** X **No**

Blind Check Initialed By: KEVIN Date: 3/26/07

Interment space for: Virginia Larson

Interment Date: April 4th Time: _____

Div: 10 Sect: _____ Blk/Row: _____ Lot: 2477 Gr: _____

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

23046
91 E20158

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VIRGINIA	MARGUERITE	LARSON	07/14/1915	03/22/2007	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 MARCOS	SAN DIEGO	LINDA A. PUSKER, DAUGHTER 1082 RINCON ROAD ESCONDIDO, CA 92025

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964	▶ Kim Beaulieu	03/27/2007

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	03/27/2007	▶ WILMA WOOTEN, MD

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET-SAN DIEGO, CA 92102	11B. DATE BURIED 4-9-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVENUE-COSTA MESA, CA 92626	12B. DATE CREMATED APR 0 5 2007	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 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 3-26-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marie Louise Lewis 212248

in a Liner (Type of Burial Container) Funeral, date, time Thurs. April 5, 1 00 283

Church, Chapel, Graveside Bethel Baptist Church 408-294-9663 Chapel of Flowers Mortuary San Jose

All Funeral cars 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 7 Grave 5

Grave space & Care Fund	E-14569 (9-4-98)	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	"	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee	N/A	—
Recording/Filing/Transfer Fees	E-14569	—
Sales taxes	"	—
Total Due		0
Paid receipt number		—
Balance due		0

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

I hereby authorize the interment in lot I hold under deed

Signature

212247

Print Name

See attached

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 20159

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

fax 408- 294 - 4704

E20159

Pre Need
Lot of Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/4/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARIE LOUISE LEWIS

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 7 Grave 5 Row _____ Section 1 Division/~~Block~~ 11

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-50414	1664.73
Balance due	0

PAID
SEP 24 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

X [signature]
Signature

X 1639 West "I" St
Address

X Los Banos, Ca. 93635
City Zip Code

X (408) 779-2333
Telephone

Invoice # _____

Work Order # E 14569

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20159

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

	Clark		X	Parker		Hicks
			Lewis	Holcomb		

Flagged **Yes** X **No**

Blind Check Initiated By: Kevin Date: 3/28/07

Interment space for: Marie Louise Lewis

Interment Date: Thurs 4/5/07 Time: 1PM

Div: 11 Sect: 1 Blk/Row: ____ Lot: 7 Gr: ~~E~~ 5

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20159

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 3/28/07

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: Chapel of Flowers San Jose
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON:
TELEPHONE NUMBER: 408-294-9663
RELATIONSHIP TO DECEASED: Mortuary
ask for Michael or Sue

NAME OF DECEASED:

LAST NAME: Lewis, Marie Louise
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: 11 SECT: 1 BLK/ROW: LOT: 7 GR: 5
☐ 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 14569

E 20159

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Marie	Louise	Lewis	11/21/1904	03/23/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Banos	Merced	Deborah Lewis-daughter 1639 W. I St. Los Banos, CA 93635

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Chapel of Flowers 900 S. 2nd St. San Jose, CA 95112	FD189

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
		▶ Carol Ge	03/29/2007

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	03/29/2007 C.Jorge	▶ Fax Auth. #36985

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
260 E. 15th St. Merced, CA 95340	P.O. Box 85222 San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-5-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kara F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

102

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARIE	LOUISE	LEWIS	11/21/1904	03/23/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS BANOS	MERCED	Deborah Lewis - daughter 1639 W. I St. Los Banos, CA 93635

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT (Not valid w/o permit)	8B. DATE SIGNED
CHAPEL OF FLOWERS 900 S. 2nd St., SAN JOSE, CA 95112	FD-169	▶ Rupette Lopez	03/29/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge to my knowledge the proposed disposition stated herein is one of the dispositions authorized by Section 7054 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$12.00	03/29/2007 C. Jorge	▶ Fax Auth. #36985

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
260 E. 15th St., Merced, CA 95340	PO Box 85222, San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3151 Market St. San Diego, CA 92186	11B. DATE BURIED 4-5-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

COPY 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.

I called, told them to change the zipcode, They will.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 3-26-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pedro Ramirez 230788 10AM

in a Top Seal VAULT (Type of Burial Container) Funeral, date, time SATURDAY MAR 31, 10:00

(Church) Chapel, Graveside _____ ; AZTLAN Mortuary.

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

will be applied and billed to undersigned _____

Division 12 Section 1 Blk/Row _____ Lot 85 Grave 6

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees SAT Fee	851.00
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	4358.51
Paid receipt number R-60025	4,358.51
Balance due	Ø

PAID

MAR 27 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.

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

X Margarito Ruiz
Signature

Paulette

Work Order # E 20160

230787

X Margarito Ruiz
Print Name

X 2545 G St.
Address

X San Diego, CA, 92102
City Zip Code

X 619/235-8934
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20160

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

	PHILLIPS		X	KANG	JONES	
ANDERSON		AVITLA				

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 3/28/02

Interment space for: Pedro Ramirez

Interment Date: Sat. March 31 Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 85 Gr: L6

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20160

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

81

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PEDRO	-	RAMIREZ	04/24/1925	03/24/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARGARITA RUIZ, SON 2545 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
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658		03/27/2007

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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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	03/27/2007	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 3-31-07	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.)

25 chairs

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/27/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mabel Bell 229971

in a TS Vault (Type of Burial Container) Funeral, date, time Thurs, April 5 @ 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 7 Section 14 Blk/Row _____ Lot 271 Grave ~~2~~ 3

PAID

MAR 29 2007

MOUNT HOPE CEMETERY

Grave space & Care Fund <2-1-1968>	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263.00
Flower vases – Marker setting fee Tent	65.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	1,308.51
Paid receipt number R-60030	*1,308.51
Balance due	0

*Charges waived per Manager due to roots on grave

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

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

[signature]
Signature

Charley Buchanan
Print Name

4793 54th St
Address

San Diego, CA 92115
City Zip Code

619 287-1642
Telephone

4465053

Invoice # _____

Work Order # E 20161

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Disinterment Done By:

Norman Ferguson
Oscar Garcia
David Lugo

April 4 2007

E20161

ORDER — MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-1- 1968

CHARGE Mabel Bell

ADDRESS 7425 Draper St., La Jolla, Calif

NAME OF DECEASED Pre-need

OWNER Same

ADDRESS

MORTUARY

LOT 271 GR 2 ROW SEC 14 BLK DIV 7	$ 120	00
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION VET		
TOTAL	$ 120	00
PAID RECEIPT NUMBER 15081	120	00
BALANCE		

PAID
FEB 1 1968
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

#3497

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 Mabel Bell

ORDER TAKEN BY Al Phillips

W.O. NO. C 5385

INVOICE NO. CASH

FORM PR-974 REV.

E20161

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø DAVID BELL (DISINTEL-REINTEL)

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

			ALLEN			
	TREE		X	PEEL		
			IRRIGATION			
			BONES			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: _____

Interment space for: Mabel Bell

Interment Date: THURS APRIL 5 Time: _____

Div: 7 Sect: 14 Blk/Row: _____ Lot: 27 Gr: 3

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20161

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
MABEL	E.	BELL	01/05/1913	03/29/2007	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 JOLLA	SAN DIEGO	CHARLES BUCHANAN, NEPHEW 4793 54TH STREET SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person signing permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Shennika Prior	04/03/2007

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	THIS PERMIT IS ISSUED IN 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	04/03/2007	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 4-5-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need 8 Chairs

Date 03/27/07 ~~Tues~~

In grave w/Robert Lyons/William D. Carroll 231431 ~~1/29/08 2:45~~

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

of John Bryant Carroll ~~Dec 4 Tues~~

in a ASH VAULT (Type of Burial Container) Funeral, date, time ~~SAT. June 30th 1:00~~ 2:30

Church, Chapel, Graveside : Family Tue March 4th 2:45 Mortuary.

All Funeral cars 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 279 Grave 1

Grave space & Care Fund	~~0~~
Overtime/Late Arrival Fees "SATURDAY Fee" Refund →	298.-
Opening/Closing & Setup DP 4206001	199.-
Burial Container	104.-
Handling Fees	114.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	8.06
Total Due	808.06
Paid receipt number Visa AP 752848	808.06
Balance due	~~0~~

PAID

JUN 25 2007

MOUNT HOPE CEMETERY

Sandra 818613-8317

805-214 3400

805 214 3480 fax

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.

231430

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

_____
Signature

Sandra Graem
Print Name

6853 Hazeltine Ave.
Address

Van Nuys, CA 91405
City Zip Code

818-613-8317
Telephone

Invoice # _____

Work Order # E 20162

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Fax: 818-787-6189

E 20162

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

DATE: 06/25/07 TIME: 15:16:45
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0007
BATCH: 30B
CD TYPE: VISA
TR TYPE: MP

TOTAL: $808.06M

ACCT: **********8334 EXP: ****
AP: 752848

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 / fax

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

805-214-3480

E 20162

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Robert Lyons / William Carro

Write in the name of the deceased for which the grave is for in the block marked with "X". 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** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: John B Carroll

Interment Date: Sat. June 30 Time: 1:00 G.S.

Div: 8 Sect: 3 Blk/Row: _____ Lot: 229 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 _____

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

DATE: 06/25/07 TIME: 15:16:45
MERH: 322156665644 STRH: 4301 TERH: 0002
S-A-L-E-S D-R-A-F-T

REF: 0007
BATCH: 308
CD TYPE: VISA
TR TYPE: MP

TOTAL: $808.06M

ACCT: **********8334 EXP: ****
AR: 752848

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 / fax

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

805-214-3480

E20162

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Robert Lyons/William D. Carroll

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

		RENGER		McGIVERN		
	GORMAN	POLAN	X	CARROLL	DAY	
		PARGOEF	REQOUE			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 6/26/07

Interment space for: John Bryant Carroll

Tues 12/4/07

Interment Date: ~~6/30/07~~ Time: ~~1:00~~ 6S 245

Div: 8 Sect: 3 Blk/Row: — Lot: 279 Gr: 1

Grave Laid out by: Norman J Kern

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED CENTER RT SIDE OF GRAVE

E20162

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 66

1A. NAME OF 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	Bryant	Carroll	11/21/1940	02/13/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Glendale	Los Angeles	Jason Scott Carroll son 5223 East Ocean Blvd. #C Long Beach, CA. 90803

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
Crippen Mortuary 2900 Honolulu Avenue La Crescenta, CA. 91214	FD-402	▶ [signature]	02/15/2007

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	02/15/2007	▶ Jonathan C Fielding MD MPH

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 North 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)
- [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 Mount Hope Cemetery 3751 Market Street, San Diego, CA. 92102	11B. DATE BURIED 03/4/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Los Angeles Odd Fellows Cemetery 3640 Whittier Blvd., Los Angeles, CA. 90023	12B. DATE CREMATED 02/20/07	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Aida Bobadilla	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need 25. chairs

Date 3/27/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jewell Williams 230707

in a D.D. Crypt "A" (Type of Burial Container) Funeral, date, time Tues. April 3 10:00

Church, Chapel, Graveside _____ ; Roosdale Mortuary.

All Funeral cars 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 68 Grave 8

Grave space & Care Fund	E-8087 <5-2-1989>	Ø
Overtime/Late Arrival Fees	(E-9411 Pd 7/8/1993)	—
Opening/Closing & Setup	"	—
Burial Container	"	—
Handling Fees	"	—
Flower vases / Marker setting fee	TRION VASE / AP044948	—
Recording/Filing/Transfer Fees	"	—
Sales taxes	"	—
Total Due		Ø
Paid receipt number N/A		Ø
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.

Arlene Williams (Signature)

Arlene Williams (Print Name)

2975 CLAY AVE (Address)

SAN Diego, CA 92113 (City, Zip Code)

(619) 239-7423 (Telephone)

Paulette

Work Order # E 20163

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20163

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

82

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JEWEL	ARLENE	WILLIAMS	11/05/1924	03/27/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	ROBIN HARRIS, DAUGHTER 8016 MAITLAND AVENUE INGLEWOOD, CA 90305

7A. TYPED NAME AND ADDRESS OF 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	Sonnika Pryor	03/29/2007

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	03/29/2007	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 4/3/07	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.)

E20163

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

			STATEN			
	LONGNE		X	YOUNG		
		WILLIAMS	WILLIAMS			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 3/28/07

Interment space for: Jewell Williams

Interment Date: Tues 4/3/07 Time: 10AM

Div: 11 Sect: 2 Blk/Row: ____ Lot: 68 Gr: 8

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20163

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 3/27/07

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

in a D.D.Crypt 'A' (Type of Burial Container) Funeral, date, time Tues. April 3 10:00

Church, Chapel, Graveside _____, Ragsdale Mortuary.

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

Division 11 Section 2 Blk/Row _____ Lot 68 Grave 8

Grave space & Care Fund	E-8087 <5-2-1989>	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	"	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	"	—
Sales taxes	"	—
Total Due		0
Paid receipt number	N/A	0
Balance due		0

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

I hereby authorize the interment in lot I hold under deed

[signature]
Signature

Print Name _____
Address _____
City _____ Zip Code _____
Telephone _____

Paulette
Work Order # E 20163

Invoice # _____
Acct # _____

REA-104 (3-04)

This information is available in alternative formats upon request

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need

Date 3/28/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jar Herbert & Annie Sims 230800

in a D.D. Crypt (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

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

will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row — Lot 53 Grave 6

Grave space & Care Fund		2264.—
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2 @ 533.00 =	1066.—
Burial Container		539.—
Handling Fees		454.—
Flower vases - Marker setting fee		178.—
Recording/Filing/Transfer Fees	2 @ 65.00 =	130.—
Sales taxes		41.77
Total Due		4,672.77
Paid receipt number P-00765		2,000.00
Balance due		2,672.77

PAID

FEB - 4 2009

MOUNT HOPE CEMETERY

I hereby certify that 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.

Herbert Sims 218923

Signature

Print Name Herbert Sims

Address 293 Coolwater Drive

City San Diego, CA Zip Code 92114

Telephone 619-267-0362

Paulette

Work Order # E 20164

Invoice #

Acct. #

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

2/4/09 Mr. Sims took Deed

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Sims Annie DIV. 11 sec 2 Lot 53 gr 6 E-20164

Sims, Herbert 293 Coolwater Drive, SD CA 92114 267-0362

11, 2, 53, 6

		debit	credit	balance
3/28/07	Opened pre-need lot & TRUST. Trust	2264.-		2264.-
	includes DDCRYPT, B/C, H/F, 2-open/closing recording fee	240.77		4672.77
	tax on Crypt — P-00765 ✓		2000.- ✓	2672.77
6-13-07	— P-00861 ✓ Coupon #2		112.-	2560.77
7-9-07	— P-00890 ✓ " #3		112.-	2448.77
8-21-07	— P-00945 ✓ " #4		112.00	2336.77
9-24-07	— P-00985 ✓ " #5		112.00	2224.77
10/24/07	P-01020 ✓ #6		112.-	2112.77
11/26/07	P-01052 #7		112.-	2000.77
12/31/07	P-01088 #8		112.-	1888.77
2/4/08	P-01126 #9 & 10		224.-	1664.77
4/8/08	P-01193 #11 & 12		448.-	1216.77
5-6/08	P-01226 #13		112.-	1104.77
6/23/08	P-01284 #14			

PAID

FEB 4 2009

MOUNT HOPE CEMETERY

paid in full

See P1629

Perpetuity Fund

452.80

-150.00

$302.80

E20164

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20164 DATE: 2/4/2009

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Herbert Sims 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: 1 SECTION: 2 BLOCK / ROW: LOT: 53 GRAVE(s): 6

according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

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

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

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

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 4th day of February, 2009.

Signature / Date

Maria Nor Popoca for David Lugo

Cemetery Manager

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

DIVERSITY

15 chairs
PN/AT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/29/07

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

in a Topseal (Type of Burial Container) Funeral, date, time Thurs April 5, 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 7 Section 14 Lot 271 Grave 3

PAID
E-5385/1968
MAR 29 2007
MOUNT HOPE CEMETERY

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container ... Upgrade to Topseal	38.00
Handling Fees	0
Flower vases – Marker setting fee ... Tent	65.00
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	103.00
Paid receipt number R-60029	103.00
Balance due	0

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

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

Buchanan
Signature

Charley Buchanan
Print Name

4793 54th St
Address

San Diego CA 92115
City, Zip Code

Telephone

Invoice # _____

Work Order # E 20165

Acct. # _____

REA-104 (3-04)

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Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ferguson, Richard Howard

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 7 Blk/Row _____ Lot 16 Grave 10

Grave space & Care Fund	~~0~~
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container DD Crypt	~~529~~.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees Disinterment/transfer fee Re-interment	1,484.00
Sales taxes	41.77
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 # _____

Work Order # E 20166

Acct. # _____

REA-104 (3-04)

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E20167
not included
in Spindle:

E20100 —

E20199

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ferguson, Richard Howard 151583

in a _____ (Type of Burial Container) Funeral, date, time 4/26/07

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 5 Section 7 Blk/Row _____ Lot 16 Grave 10

Grave space & Care Fund	-0-
Overtime/Late Arrival Fees	-0-
Opening/Closing & Setup: Disinterment/reinterment	1,419.00
Burial Container: DD CRYPT	539.00
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fee	65.00
Sales taxes	41.77
Total Due	2,064.77
Paid receipt number AP 05628A	2,064.77
Balance due	-0-

PAID

MAR 29 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.

230815

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

Bill Provancha
Signature

Bill C Provancha
Print Name

306 Hawthorn St.
Address

San Diego, CA 92101
City Zip Code

619-972-8779
Telephone

Invoice # _____

Work Order # E 20168

Acct. # _____

REA-104 (3-04)

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FORM 974(REV.)

E20168

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

35799

№A 6567

Date 12-9- 1953

Charge Paris Mortuary

Address 474 N. Magnolia

Name of deceased Richard Howard Ferguson

Mortician

Open 10

Lot 16 Gr. 9-10 Row Sec 7 ~~Blk.~~ Div. 5	150	00
Opening: Time 10 Here A.M. Day Monday P.M. Date 12-14-53	47	50
Vault Box Size	33	48
Removal or Foundation		
Total	230	98
Paid-Receipt Number		
Balance		

Owner

Mary A. Ferguson

1230 North Magnolia El Cajon

Flat marker only

Authorized In person Phone By [illegible] Order Taken by R L Toy

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

E20168

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 7 Lot 16 Grave 10

2. My legal authority to the above property is based on the following facts: 1) MARY A FERGUSON IS MY GRANDMOTHER
2) RICHARD H. FERGUSON IS MY FATHER
3) TWO SISTERS BOTH HAVE NOTORIZED SAYING IT'S OK FOR ME BILL TO TAKE RESPONSIBILITY FOR GRAVESITE

3. I have presented the following evidence to support the above facts.

CA DL # R0195982
Notarized doc from: Marilyn Hughes and Cathy Harndon

E20168

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 March 30, 2007 (Date), _____ in San Diego (City)

Signature [illegible] Print Full Name BILL C PROVANCHA.

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

E20168

FOR OFFICE USE ONLY

Witnessed:

Signed on March 30 (Date), 2007 in San Diego (City)

Signature [signature] Print Full Name David Lugo

Documents Presented:

Processed by:

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)

E20168

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ~~[illegible]~~ RICHARD FERGUSON ([illegible])

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

		DRANGA				
		SNAPP	X	MARY FERGO		
		ALBRIGHT	COLEEN			

Flagged **Yes** X **No** /

Blind Check Initiated By: KEVIN Date: _____

Interment space for: _____

Interment Date: _____ Time: _____

Div: 5 Sect: 7 Blk/Row: ____ Lot: 16 Gr: 16

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 20168

THE CITY OF SAN DIEGO

AUTHORITY TO DISINTER, REMOVE OR REINTER

1 2007
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

FERGUSON, RICHARD HOWARD

from Lot 16 Grave 10 Section 7 Row — Block —

Division 5 And to remove the same to and reinter said remains in Lot SAME 16

Grave 10 Section 7 Row — Block — Division 5

Cemetery DOUBLE DEPTH

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

Signature	Relation to deceased	Address
[illegible]	MARILYN HUGHES - DAUGHTER	16334 Ridge View Dr AV 92307
[illegible]	KATHY HANNON - DAUGHTER	17625 Crown Valley Ct A.V. 92[illegible]
	BILL PROVANCHA - SON	

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian) Date

(This form must be notarized, if not signed in presence of cemetery staff.)

E20168

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of SAN DIEGO } ss.

On 2-3-07 (Date), before me, MICHELLE D. KLUSMAN NOTARY (Name and Title of Officer (e.g., "Jane Doe, Notary Public"))

personally appeared KATHLEEN JEIDEL HERNDON AND MARILYN ANN HUGHES (Name(s) of Signer(s))

☐ personally known to me

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

MICHELLE D. KLUSMAN
COMM. #1482512
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Comm. Expires April 11, 2008
Place Notary Seal Above

WITNESS my hand and official seal.

Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: CITY OF SAN DIEGO AUTHORITY TO DISINTER, REMOVE OR REINTER

Document Date: 1-07 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Individual	☐ Individual
☐ Corporate Officer — Title(s): _____	☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact	☐ Attorney in Fact
☐ Trustee	☐ Trustee
☐ Guardian or Conservator	☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer Is Representing: _____	Signer Is Representing: _____
RIGHT THUMBPRINT OF SIGNER — Top of thumb here	RIGHT THUMBPRINT OF SIGNER — Top of thumb here

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

E 20168

Disinterment and Removal

A disinterment refers to the removal of human remains. The remains of a deceased person may be removed from a plot in a cemetery with the consent of the cemetery authority and the written consent of one of the following in the order named:

1) **The surviving spouse**.
2) The surviving children.
3) The surviving parents.
4) The surviving brothers or sisters.

H&S Code Art. 2 7525

Mt. Hope Cemetery requires the signature(s) of the immediate next of kin, on the form Authority to Disinter, Remove or Reinter. If this form is not signed in the presence of a cemetery staff member then this form must also be notarized. A court order will also authorize the disinterment of remains.

A disinterment will only take place at a date and time convenient for Mt. Hope Cemetery, and only after the Disinterment Permit and the disinterment fees are presented to the cemetery.

The disinterment or removal of human remains consist of opening the ground to the burial container, and its removal *only*. The casket will be removed *only* as a courtesy and only if it is, and remains, intact. At no time is Mt. Hope Cemetery's staff required to go into the grave to remove the body or any remains. This is the responsibility of the mortuary.

If you have any questions, regarding the disinterment/reinterment, please contact the cemetery manager or office staff.

Note: A disinterment/reinterment in the same cemetery does not require a disinterment permit.

E20168

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 2, 2007

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

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 13 Section _____ Blk/Row _____ Lot 21 Grave 2A

Grave space & Care Fund	- 0 -
Overtime/Late Arrival Fees	- 0 -
Opening/Closing & Setup (Disinterment/Non-Resident)	$1,887.00
Burial Container	- 0 -
Handling Fees	- 0 -
Flower vases – Marker setting fee	- 0 -
Recording/Filing/Transfer Fees	- 0 -
Sales taxes	- 0 -
Total Due	$1,887.00
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

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 20169

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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527-3403 E20169

ATTen: Marco De la Toba

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Indigent
Burial
AT-Need

Date 9-6-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christopher Daowz PA# 2007-0017

in a DD Crypt A (Type or Guide Container) Funeral, date, time Weds Sept. 13

Church, Chapel, Graveside Delivery only ; Preferred Crem Mortuary Brenda 584-7000

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

will be applied and billed to undersigned. _____

Division 13 Section — Blk/Row — Lot 21 Grave 2 A

Grave space & Care Fund	$131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$454.00
Burial Container DD Crypt "A"	$132.00
Handling Fees SEP 0 0 [illegible]	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	$49.00
Sales taxes	$10.23
Total Due	776.23

FA
Darnell Price
858 694-3507
858 495-5127-[illegible]

Paid receipt number Visa AP077725 $776.23

Balance due Ø

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

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

[signature] SDPA-X
Signature

X PUBLIC ADMINISTRATOR
Print Name
X PUBLIC GUARDIAN
Address
X 5201-A RUFFIN ROAD
X SAN DIEGO, CALIFORNIA 92123-1699
City Zip Code
X
Telephone

Invoice # _____

Work Order # E-19890

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Registrar-Recorder

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 37

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

FND

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHRISTOPHER	—	DAOWZ	07/03/1969	07/02/2006	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Vista	San Diego	Deputy Darnell Price Public Administrator 5201-A Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
Preferred Cremation and Burial 6163 University Avenue San Diego, CA 92115	FD1746	▶ Mark Jenkins	09/12/2006

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11100	Mark Jenkins 09/12/2006	▶ 2604990

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-11-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. 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.

E20169

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 4/2/07 10:40

CALL TAKEN BY: Maria

RECEIVED CALL FROM:

☐ MORTUARY NAME:
☒ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: Gabriel Lopez
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED: Mexican Consulate
FAX (619) 231-4802

NAME OF DECEASED:
LAST NAME: Dadwz
FIRST NAME: Christopher INITIAL:
D.O.D. END: 07/02/2006 D.O.B. 07/03/1969
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: 13 SECT: BLK/ROW: LOT: 21 GR: 2A
☐ 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:

E20169

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: April 2, 2007	From: Maria Dovensky
To: Gabriel Lopez	Telephone #: (619) 527-3400
Telephone #:	Fax #: (619) 527-3403
Fax #: (619) 231-4802	Pages (including this cover sheet): 2
Subject: Disinterment of Christopher Daowz	

COMMENTS:

Attached is the form that we need signed in order to dis-inter the body.

Arrangements must be made with a Funeral Home to take possesion of the body on the same day is disinterred. We work with Aztlan (619) 234-3307 and Guadalupana (619) 544-9334 which serve the Hispanic community.

Our fee is $1,887.00 payable to: Mount Hope Cemetery.

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

E20169

MESSAGE CONFIRMATION

04/02/2007 11:02
ID=SD MT. HOPE CEMENTERY

DATE	S.P-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
04/02	00'40"	66	CALLING	02	OK	0000

04/02/2007 11:01 SD MT. HOPE CEMENTERY → 92314802 NO.030 P01

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: April 2, 2007
To: Gabriel Lopez
Telephone #:
Fax #: (619) 231-4802

From: Maria Dovensky
Telephone #: (619) 527-3400
Fax #: (619) 527-3403
Pages (including this cover sheet): 2

E20169

LEGAL DESCRIPTION

LOT 20,21,22 GRAVES DIVISION 13

	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	REMARKS
1B 1A	LOT 20 GRAVES 1 to 3 John Doe PA# 20051356 John Doe P.A.# 20051355	PUBLIC ADMINISTRATOR	05-10-05 $131.00 04-15-05 $131.00	05-10-05 04-15-05	E-19109 E-19056	DOUBLE DEPTH
2B 2A	Johns, Duane Leroy MARTINEZ, ARCHIE PA#20051445	PA# 20060563 PUBLIC ADMINISTRATOR	11-02-05 $131.00 05-17-05 $131.00	11-02-05 05-17-05	E-19445 E-19123	(B) DOUBLI (A) DEPT
3B 3A	Griffin, Robert E19996 Previous Disinterment Herrera, Tomasa PA#20060971	PA#20061643 PUBLIC ADMINISTRATOR	6-27-06 $131.00 03-10-06 $131.00	06-28-06 03-10-06	E-19787 E-19593	(B) (A) DOUBLE DEPTH
	LOT 21 GRAVES 1 to 3					DOUBLI DEPT
1B 1A	Parsche, Karen PA#20061669 Rhea, Esther PA#20061862	PUBLIC ADMINISTRATOR	08-02-06 $131.00 07-26-06 $131	08-04-06 08-01-06	E-19852 E-19842	(B) DOUBLE (A) DEPTI
2B 2A	Enfield, Amanda PA20070549 Daowz, Christopher PA#2007-0017	PUBLIC ADMINISTRATOR	11/06/2006 $131.00 09-06-06 $131.00	11/07/2007 09-13-06	E019966 E-19890	(B) (A) DOUBLE DEPTH
3B 3A	SPIVEY, SAMUEL D. PA#20070621	PUBLIC ADMINISTRATOR	11/21/2006 $131.00	12/05/2006	E-19989	(B) DOUBLE (A) DEPTH
	LOT 22 GRAVES 1 to 3					DOUBLE DEPTH
1B 1A						DOUBLE DEPTH
2B 2A						DOUBLE DEPTI
3B 3A						

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need 20 CHAIRS

Date 4-2-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HASSAN ETEMAD 230793 11:00

in a SLAB (Type of Burial Container) Funeral, date, time Weds. April 4 2007

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 12 Grave ~

PAID

APR 12 2007

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	151.-
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	11.70
Total Due	$955.70
Paid receipt number M-C AP813479 Credit card	$955.70
Balance due	Ø

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

230792

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

Signature

X ANDY ETEMAD
Print Name

X 3938 MURAY HILL RD
Address

X LA MESA 91941
City Zip Code

X (619) - 248-7560
Telephone

Paulette

Invoice # _____

Work Order # E 20170

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MUSL 111 12 (

E20170

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 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 Slab

			X			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 4/3/7

Interment space for: HASSAN ETEMAD

Interment Date: Weds. T 4/4/07 Time: 11:00

Div: Muslim Sect: — Blk/Row: — Lot: 12 Gr:

Grave Laid out by: Norman Feigler

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

CREMAINS WERE PLACED

E20170

58

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HASSAN	-	ETEMAD	10/04/1948	03/31/2007 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
LA MESA	SAN DIEGO	FARIDEH ETEMAD, WIFE 3938 MURRAY HILL ROAD 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 acting as agent	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ [signature]	04/03/2007

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	04/03/2007	▶ 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
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 4-4-07	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 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/3/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hayashi, June 208475

In a DD CRYPT B (Type of Burial Container) Funeral, date, time April 6, (Friday) 10:00am

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 5162 Grave 1

Grave space & Care Fund E-5650	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	1,632.77
Paid receipt number 60031	1,632.77
Balance due	0

PAID
APR / 3 2007
MOUNT HOPE CEMETERY

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

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

Kay Hayashi
Signature

208475
KAY HAYASHI
Print Name
5436 DEL CERRO DR
Address
SAN DIEGO, CA 92120
City Zip Code
619-286-0559
Telephone

Invoice # _____

Work Order # E 20171

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E201

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-26-94

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KENNETH K. HAYASHI in a Double Depth Casket Funeral, date, time Wed. 9/28 10:00A Church, Chapel, Graveside Church + Graveside ; Lewis Colonial Mortuary. All Funeral cars must arrive before 3:30 p.m. on regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. June Hayashi

War time veteran _____

Lot 5161 Grave _____ Row _____ Section _____ Division 10

Grave space & Care Fund Pre-Need (E-5650) Ø

Additional spaces and care fund

Opening/Closing & Setup One (1) O/C 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases – Marker setting fee

Recording and filing fee One (1) rec. 45.00

Sales taxes 26.60

Total Due 1146.60

Paid receipt number 45489 1146.60

Balance due Ø

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 of recorded holder of deed

Signature June Hayashi

Address 7085 Hogan Ave.

City SD Zip Code

Telephone 232-0925

Invoice # _____

Acct. # _____

Work Order # E 11790

PY-593 (Rev. 8-92)

E20171

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed lots

Date 01-08-86

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

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 5161 5162 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Grave space & Care Fund ... 2 @ $695 ... $1390.00

Additional spaces and care fund ... _____

Opening/Closing & Setup ... _____

Burial Container ... _____

Handling Fees ... _____

Flower vases - Marker setting fee ... _____

Recording and filing fee ... _____

Sales taxes ... _____

PAID
MAY 8 1986
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due ... $1390.00

01-08-86 Paid receipt number 33013 250.00

Balance due $1140.00

05-08-86 33341 1140.00

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

June Hayashi
Signature
5444 BARTON AVE., #6
Address
LOS ANGELES, CA 90038
State Zip Code
(213) 467-5045
Telephone

Invoice # _____

Work Order # E 5650

Acct. # _____

PY-583 (REV. 8-85)

#1176.0 1176.0

E20171

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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 Double Depth "A"

SUGIOKA		MAGANI	x	HAYASHI	REED	
		HIWS	NOMON		BOWIE	

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: _____

Interment space for: JUNE HAYASHI

Interment Date: FRI- APRIL 6 Time: _____

Div: 10 Sect: _____ Blk/Row: _____ Lot: 5162 Gr: _____

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20171

77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JUNE	JUNKO	HAYASHI	04/02/1929	04/01/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	COURTNEY OSORNO, NIECE 5633 LINFIELD AVE. SAN DIEGO, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA, CA 91911	FD1682	▶ [signature]	4/3/07

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	04/03/2007	WILMA WOOTEN, 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 BE MADE 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 4-6-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/3/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marilyn (Fatima) Wakegijig 230796

In a Muslim slab (Type of Burial Container) Funeral, date, time April 5, 2007

Church, Chapel, Graveside 11:00 AM : 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 _____ Grave 8

Grave space & Care Fund	—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container SLAB	122.84
Handling Fees	206.
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	~~[illegible]~~ MDL
Total Due 926.00	~~[illegible]~~ MDL
Paid receipt number #60032	926.00
Balance due	-0-

PAID APR 13 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.

I hereby authorize the interment in lot 230795 hold under deed.

Kenneth McClintock
Signature

Kenneth McClintock
Print Name

4664 Wilson
Address

San Diego 92116
City Zip Code

(619) 521-1075
Telephone

Invoice # _____

Work Order # E 20172

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20172

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 4/3/07

CALL TAKEN BY: David

RECEIVED CALL FROM:

☑ MORTUARY NAME: Preferred Cremation
☐ ~~FAMILY MEMBER~~ REPRESENTATIVE
~~CONTACT~~ PERSON: Kenneth McClinton
TELEPHONE NUMBER: 619 521-1075
RELATIONSHIP TO DECEASED: Brother

NAME OF DECEASED:

LAST NAME: Wakegijig
FIRST NAME: Marilyn INITIAL: (Fatima)
D.O.D. 3/30/07 D.O.B. 1/30/55
VETERAN: ☐ yes BRANCH OF SERVICE: _____
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: _____ x _____ x _____

FUNERAL SERVICE: Muslim
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☑ GRAVE SIDE
LOCATION OF SERVICE: Mt. Hope
DATE OF SERVICE: 4/5 TIME OF SERVICE: 11:00 AM
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: 11:00 AM

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: _____

E20172

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 SLAB

			CHEDRATELLA			
	RECENT BURIAL 4/4/07		X	BADAR	AZAD	AZAD

Flagged **Yes** X **No** _____

Blind Check Initiated By: KEVIN Date: _____

Interment space for: MARILYN WAKEGIJIG

Interment Date: THUR APRIL 5 Time: 11AM

Div: MUSLIM Sect: _____ Blk/Row: _____ Lot: 8 Gr: _____

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20172

Social Security Administration
Supplemental Security Income
Important Information

Date: February 9, 2007
Claim Number: 334-66-8962 DI

954 0202,M02,016,003600 000003600 01 AT 0.308

MARILYN FAATIMATUO
WAKEGIJIG
32 17TH STREET
APT 209
SAN DIEGO CA 92101-7642

Type of Payment:
Individual--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.

Your Payments Will Be As Follows:

From	Through	Amount Due Each Month

E20172

52

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARILYN	-	WAKEGIJEG	01/30/1955	03/30/2007	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	KENNETH MCCLINTON, BROTHER 4664 WILSON AVENUE #4 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
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ Mark Jenkins	04/04/2007

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	THIS PERMIT IS ISSUED IN 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	04/04/2007	▶ WILMA WOOTEN, 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 4-5-07	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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

Total of 12 chairs

Date 4/3/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lockrem, Cyril Bonar 230889

in a Ash Vault (Type of Burial Container) Funeral, date, time June 16 2007 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 MAS Section R Blk/Row _____ Lot 22 Grave 8

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number	510.06
Balance due	0

PAID
APR 13 2007
MOUNT

$396.00 Sat fee pd 6-11-07 AP047659

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.

230890

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

Signature: Cyril B. Lockrem by Bonnie J. Lockrem POA Military

Print Name: Bonnie J. Lockrem

Address: 33517 Pacific Coast Hwy

City: Malibu, Ca. Zip Code: 90265

Telephone: 310-529-3823

Invoice # _____

Work Order # E 20173

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20173

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH AMANDA J. LOCKREM

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

		VANWOERT		HUME		
	ABBERNAUT	HUME	x	SCHIBSEY	VATABAR	
	BARBER					

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 6/5/07

Interment space for: Cyril B. Lockrem

Interment Date: JUNE 16 Time: 11AM

Div: MAS Sect: R Blk/Row: ____ Lot: 22 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 MIDDLE

88 1/8 E2017

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 29128410040765

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CYRIL	BONAR	LOCKREM	03/15/1919	03/29/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VENTURA	VENTURA	BONNIE LOCKREM, DAUGHTER 33517 PACIFIC COAST HIGHWAY MALIBU, CA 90265

7A. 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
GUARDIAN MEMORIAL SERVICE, 300 ESPLANADE DR #900 OXNARD, CA 93030	FD1457	Frank Dunling	04/11/2007

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	04/11/2007	ROBERT M LEVIN, 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
VENTURA CO HEALTH CARE AGENCY 2240 EAST GONZALES ROAD, SUITE OXNARD, CA 93036	SAN DIEGO COUNTY VITAL RE 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 6-16-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CATHEDRAL MORTUARY & CREMATORY, 200 NORTH "C" STREET, OXNARD, CA 93030	12B. DATE CREMATED 04/13/2007	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 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/3/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kerber, Sergey 230798

in a Liner (Type of Burial Container) Funeral, date, time Friday, April 6 @ 11:30

Church, Chapel, Graveside _____ : Thresholds Mortuary.

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

will be applied and billed to undersigned. _____

Division 5 Section 3 Blk/Row _____ Lot 10 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 receipt number R-60033	3,358.93
Balance due	-0-

PAID
APR / 3 2007
MOUNT HOPE CEMETERY

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

230797

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

Signature

Vyacheslav Nenno
Print Name
12757 Seabreeze Farms Dr #12
Address
San Diego CA 92130
City Zip Code
858-722-1032
Telephone

Invoice # _____

Work Order # E 20174

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20174

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

		BIDWELL		LOCKWOOD		
		DUNDELL	X		FREEVENT	

Flagged **Yes** ✓ **No** ____

Blind Check Initiated By: KEVIN Date: 4/4/07

Interment space for: SERGEY KERBEL

Interment Date: Friday 4/6 Time: 11:30

Div: 5 Sect: 3 Blk/Row: ____ Lot: 10 Gr: 2

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20174

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SERGEY	-	KERBER	06/26/1962	04/01/2007 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	IRINA KERBER, WIFE 13368 TORREY MEADOWS DRIVE 27 SAN DIEGO, CA 92129

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
THRESHOLDS, 8719 LOS COCHES ROAD LAKESIDE, CA 92040	FD1788	▶ [signature]	04/05/2007

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	04/05/2007	▶ 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
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 4-6-07	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 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.)

-open-back gate-

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 4/4/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Salvador Lopez 230803 10:00

in a Liner (Type of Burial Container) Funeral, date, time Mon. April 9, 2007

Church, Chapel, Graveside ; Preferred Mortuary.

Christ Thaking 619-584-7000

All Funeral c... 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 112 Grave 10

Grave space & Care Fund E019950	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	2093
Total Due	1094.93
Paid receipt number R-60034	1,094.93
Balance due	Ø

APR / 6 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 Rossana Lopez
Signature

X Rossana Lopez 230802
Print Name

X 2026 Ilexhld ave
Address

X San Diego 92154
City Zip Code

X Rossana Lopez
Telephone

Paulette

Work Order # E 20175

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20175

MT HOPE CEMETERY

Please open back gate

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

	HUNT	COOLIDGE				
	WRIGHT	X	JONES	DIXON		
	AGUILAR					

Flagged **Yes** X **No** ____

Blind Check Initiated By: KEVIN Date: 4-5-07

Interment space for: Salvador Lopez

Interment Date: 4-9-07 Time: 10:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 112 Gr: 10

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20175

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 04-04-07 Walk-in

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: Preferred - Mark
☐ FAMILY MEMBER / REPRESENTATIVE (619) 519 1335
CONTACT PERSON:
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED:

NAME OF DECEASED: Salvador Lopez
19yr old boy

LAST NAME:
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: 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:

May use one of his lots. Tues April 9:30 11:00

$1094.93 11-2-112-11

E20175

12-2 226

12-2 135

12-2 137

12-2 147-12

619
519-1335
MARK

11-2-112-11
11-1-32-1

19 yr old

12-2
213-7

E20175

open-back gate

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 4/4/07

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

Funeral, date, time Tues. April ~~10~~ 9 ~~9:30~~ 10:00

in a Liner (Type of Burial Container) Preferred Mortuary

Church Chapel Graveside ~~St Jules~~ Christ The King 619-

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

will be applied and billed to undersigned _____

Division 11 Section 2 Blk/Row _____ Lot 112 Grave 11

E019950

Grave space & Care Fund	~~0~~
Overtime/Late Arrival Fees	833.-
Opening/Closing & Setup	270.-
Burial Container	200.-
Handling Fees	
Flower vases – Marker setting fee	65.00
Recording/Filing/Transfer Fees	209.3
Sales taxes	1044.93
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]

Signature

MARK Jenkins
Full Name

6163 University ave
Address

S D 92115
City Zip Code

619-584-7000
Telephone

Invoice # _____

Acct # _____

Paulette

Work Order # E 20175

...formation is available in alternative formats upon request.

E20175

MT. HOPE CEMETERY
CITY OF SAN DIEGO

MT. HOPE FAX REMINDER

TO: Mark Jenkins
FROM: Mt. Hope Cemetery
MORT. ARS: Preferred
DATE: 4-5 07
FAX NUMBER: 619-584-7030
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 Salvador Lopez

Service Date 04/06/07

Date 4-5-07 Signed Paulette

Please sign here verifying payment to be received by tomorrow noon. 4/6/07

X Mark Jenkins

3751 MARKET STREET
SAN DIEGO, CA 92102
619-527-3430
FAX 619-527-3403

E20175

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
SALVADOR	-	LOPEZ	04/15/1987	04/02/2007 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
CHULA VISTA	SAN DIEGO	SALVADOR LOPEZ, FATHER 2018 RIMBEY AVENUE #103 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	▶ Mark Jenkins	04/05/2007

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	04/06/2007	▶ 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 TAKE PLACE 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 4-9-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — V50a (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.)

E20176

is attached

to

E20179

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 4/9/07

227057

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tamotsu T. Uyeji

in a DD CRYPT A (Type of Burial Container) Funeral, date, time ~~Monday, April 16 @ 10:30~~ Friday 20th 10AM

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 4954 Grave 1

Grave space & Care Fund	D-4608	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	2 x 708.00	1416.00
Burial Container		717.00
Handling Fees		604.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	2 x 85	170.00
Sales taxes		55.57
Total Due		2,962.57
Paid receipt number P-00783 & 60038		2,962.57
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

Paulette

Stanley H. Uyeji
Print Name

600 Sheffield Ct Unit #44
Address

Chula Vista 91911
City Zip Code

619 427-0247
Telephone

Invoice # _____

Work Order # E 20177

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

20177

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 DB "A"

		[illegible]	[illegible]	[illegible]		
EEJIMA		EEJIMA	X		NAKAHUA	
	[illegible]		[illegible]		[illegible]	

Flagged **Yes** X **No** ____

Blind Check Initiated By: Kevin Date: 4/11/07

Interment space for: Tamotsu T. Uyeji

Interment Date: Monday April 16, 2007 Time: ____

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4954 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 ____

E20177

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
TAMOTSU	T.	UYEJI	07/29/1920	04/06/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHARON OKAMOTO, DAUGHTER 679 RAINBOW DRIVE CHULA VISTA, CA 91911

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

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
		▶ [signature]	4-19-07

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			04/19/2007	▶ WILMA WOOTEN, MD

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

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 4-20-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/9/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Candler, Arthur Lewis 230805

in a Liner (Type of Burial Container) Funeral, date, time Friday 4/13 @ 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 12 Section 2 Blk/Row _____ Lot 182 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-60037	3,358.93
Balance due	0

PAID
APR 19 2007
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.

230804

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

Luther H Candler
Signature

Luther H Candler
Print Name

1415 E 48th St
Address

Los Angeles Calif 90011
City Zip Code

760 265 0302
Telephone

Invoice # _____

Work Order # E 20178

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20178

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

	SMITH	LANGLEY	FLETCHER	McDANIEL	McDANIEL	
	CHAN		x	CHRENO	FU	
			HEARN	HEARN		

Flagged **Yes** X **No** /

Blind Check Initiated By: KEVIN Date: 4-9-07

Interment space for: Arthur L. Candler

Interment Date: Fri. 4-13-07 Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 182 Gr: 8

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20178

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 60

1A. NAME OF 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	LEWIS	CANDLER	11/01/1946	04/01/2007 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	LUTHER CANDLER, FATHER 1415 E. 48TH. ST. LOS ANGELES, CA 90011

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689

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

8A. SIGNATURE OF APPLICANT – Person making permit: [signature] 8B. DATE SIGNED: 4/10/07

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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	04/10/2007	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): 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 4-13-07	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 2 IS RETAINED BY 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.)

229-2747

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need Total of 15 chairs "Low Income" Date 04/10/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Moses Sandoval 230791

in a Liner (Type of Burial Container) Funeral, date, time Friday 4/13/07 11:30

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 6 Grave 4

Grave space & Care Fund	1,132.-
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	80.47
Total Due	1,679.47
Paid receipt number R-00778	700.-
Balance due	979.47
R-60090	979.47

PAID APR 11 2007 MOUNT HOPE CEMETERY

I hereby certify I am the X brother/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.

230790

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

Elizabeth Gaona
Signature

Elizabeth Gaona
Print Name

2537 Sumac DR
Address

San Diego CA 92105
City Zip Code

Elizabeth Gaona
Telephone

619-284-8923

Pauletta

Invoice # _____

Work Order # E 20179

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20179

Pre-need to at-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/6/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Moses Sandoval 230791

in a Liner (Type of Burial Container) Funeral, date, time Friday 04/13/07 11:30

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 228 Grave 10

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	533.00
Opening/Closing & Setup	
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number P-00778	700.00
Balance due	2,658.93

PAID
APR / 6 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.

230790

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

Elizabeth Guzna
Signature

ELIZABETH GUZNA
Print Name

2537 SUMAC DR
Address

SAN DIEGO 92105
City Zip Code

619, 284-8923
Telephone

Invoice # _____

Work Order # E 20176

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20179

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH X

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

BURIAL CONTAINER LINER

FENCE LINE						
HANNIS			X	CABRALES		RECALLATO
			LANDRY			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 4/18/07

Interment space for: MOSES SANDOVAL

Interment Date: Fri 4/13/07 Time: 11-30

Div: 11 Sect: 2 Blk/Row: ____ Lot: 6 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 _____

Pin: 230790 First payment of $110.79 due May 15, 2007 E-10176

GANOA, ELIZABETH 2537 Sumac Drive SD 92105 (619) 284-8923 E20179

04/06/2007	Opened Pre-Need Lot & trust w/Liner/20% down	$ 3,358.93	700.00	$ 2,65[illegible].93

E20179

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 6 day of April, 2007, Between Elizabeth Gaona, 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 228, Grave 10, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $3,358.93, payable as follows: $_____ cash herewith, the receipt of which is hereby acknowledged; $ 700.00 on the 6 day of April, 2007;. And the balance in installments of $ 110.79 or more, payable at the office of Mt. Hope Cemetery, on the ____day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NOT INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE – WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

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

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

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

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his

heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment of subsequent breach of any other term, condition or provision hereof.

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

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

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

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

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

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

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

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

E20179

WITNESS our hands this day and year above written.

TOTAL $ 3,358.93

DOWNPAYMENT $ 700.00

23 MONTHS $ 110.79

FINAL 24TH MONTH $ 110.76

TWO YEAR CONTRACT

I agree to pay the required monthly

Payments of $ 110.79 for 23 months.

Final payment to be $ 110.76 on

The 24th month.

First monthly payment to begin on:

MONTH May 15

YEAR 200

Purchaser's Signature E Gaona

PURCHASER PHONE 619284-8923

ELIZABETH GAONA
Print Name

Elizabeth Gaona
Signature

2537 Sumac Dr
Street Address (Mail)

San Diego CA 92105
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery
3751 Market Street
San Diego CA 92101

By: Maria G. Dorcusky

PC:pc
March 29, 2006

Mt Hope Cemetery
Contract Entry Verification
04/06/2007

Contract Number: E-20176-L

Contract Date: 04/06/2007
Purchaser: Gaona, Elizabeth
2537 Sumac Drive

San Diego ,CA 92105
Beneficiary: Sandoval, Moses

Purchaser 230790 / 230791
Phone: 619-284-8923

Counselors: 2 MARIA P. SAUNDERS

Qty	Category	Description of Contract Items	Price	Tax Allowance	Addl. Desc.
1	Graves-Resident	Division 11-1 SD Resident	2,264.00	0.00	
1	O/C Resident PN	Single O/C SD Resident	533.00	0.00	
1	OBC - Resid PN	#5 Liner SD Resident	270.00	20.93	
1	Hndl Fee Res PN	Liner Hndl SD Resident	206.00	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		228	10	A

BASE PRICE	3,338.00	**NUMBER OF INSTALLMENTS**	24
SALES TAX	20.93	**REGULAR PAYMENT OF**	110.79
TOTAL CASH PRICE	3,358.93	**ODD PAYMENT OF**	110.76
DOWNPAYMENT	700.00 -	**DATE FIRST PAYMENT DUE**	05/15/2007
TRANSFER ALLOWANCE	0.00 -	**PAYMENT** MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE: Pre-Need Program	
FINANCE CHARGE	0.00 @ 0.000%	AMORTIZE	
TOTAL OF PAYMENTS	2,658.93		
DEFERRED PAYMENT PRICE	3,358.93		

ACCOUNT CONTRIBUTIONS			**AMOUNT**	**FRACTION**
R	L	Perp. Care	452.80	
I	V	P/N Trust	1,074.00	1.0000
R	S	**Equity**	1,811.20	
A		**Interest**	0.00	
R	S	**Tax Recovery**	20.93	
R	V	**Late Charge**	0.00	

CONTRACT ENTERED BY: _____

E20179

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
MOSES	A.	SANDOVAL	11/04/1959	04/07/2007	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	ELIZABETH GAONA, SISTER 2537 SUMAC DR. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶ C Russ	4/11/07

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

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	04/11/2007	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 4/13/07	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.

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E20179

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: Moses Sandoval

Address: 2537 Sumac Dr

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.

Elizabeth Garcia (Sister) 4/10/07

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 _____

[signature] 4/10/07

Approved by Date

Current IRS documents verified on:
Approved By [signature]
Date 4/10/07

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

DIVERSITY

E2017

Department of the Treasury — Internal Revenue Service

Form 1040A U.S. Individual Income Tax Return (99) 2006

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

OMB No. 1545-0074

Label (See instructions.)

Your first name and initial: ELIZABETH — Last name: GAONA — Your social security number: 566-08-8753

If a joint return, spouse's first name and initial — Last name — Spouse's social security number

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

Home address (number and street). If you have a P.O. box, see instructions. — Apartment no.: 2537 SUMAC DR

City, town or post office. If you have a foreign address, see instructions. — State — ZIP code: SAN DIEGO — CA 92105

▲ You must enter your SSN(s) above ▲

Checking a box below will not change your tax or refund

Presidential Election Campaign ► Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see instructions) ... ► ☐ You ☐ Spouse

Filing status Check only one box.

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here ►

4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ►

5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a

b ☐ **Spouse**

Boxes checked on 6a and 6b 1

c **Dependents:**

If more than six dependents, see instructions.

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit
MOSES SANDOVAL	[redacted]75	Brother	☐
JACOB R SANDOVAL	[redacted]6	Brother	☐
			☐
			☐
			☐
			☐

No. of children on 6c who: • lived with you ..... • did not live with you due to divorce or separation .....

Dependents on 6c not entered above .. 2

d Total number of exemptions claimed ..... Add numbers on lines above ► 3

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 ..... 7 32,639.

8a **Taxable** interest. Attach Schedule 1 if required 8a

b Tax-exempt interest. **Do not** include on line 8a 8b

9a Ordinary dividends. Attach Schedule 1 if required 9a

b Qualified dividends (see instructions) 9b

10 Capital gain distributions (see instructions) 10

11a IRA distributions ..... 11a — 11b Taxable amount 11b

12a Pensions and annuities ..... 12a — 12b Taxable amount 12b

If you did not get a W-2, see instructions.

13 Unemployment compensation, Alaska Permanent Fund dividends, and jury duty pay 13

Enclose, but do not attach, any payment.

14a Social security benefits ..... 14a — 14b Taxable amount 14b

15 Add lines 7 through 14b (far right column). This is your **total income** ..... ► 15 32,639.

Adjusted gross income

16 Penalty on early withdrawal of savings (see instructions) 16

17 IRA deduction (see instructions) 17

18 Student loan interest deduction (see instructions) 18

19 Jury duty pay you gave your employer (see instructions) 19

20 Add lines 16 through 19. These are your **total adjustments** 20

21 Subtract line 20 from line 15. This is your **adjusted gross income** ..... ► 21 32,639.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

E20179

Hasler
01BH13501040
ZIP94520

US P
$0
04/

PRSRT FIRST-CLAS

D/S AUTH54

MAILED 941

P.O. Box 14974
Scottsdale, AZ 85267

RETURN SERVICE REQUESTED

MOSES A SANDOVAL
2537 SUMAC DR
SAN DIEGO CA 92105-4654

BAVESMA 92105

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04/10/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard D. Postell 11.00

In a Double-Depth Crypt "A" (Type of Burial Container) Funeral, date, time Friday - April 13, 2007

Church Chapel, Graveside ; Anderson-Ragsdale Mortuary

L.V. Baptist

All Funeral cars 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 209 Grave 12

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2@533.00	1066.-
Burial Container	539.-
Handling Fees	454.-
Flower vases - Marker setting fee VA. MARKER	178.-
Recording/Filing Transfer Fees 2@65.00	130.-
Sales taxes	41.77
Total Due	4,672.77
Paid receipt number	
Balance due	

Per Kevin @ Ragsdale changed to Riverside Cat Cemetery

Mortuary to Ray

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 Delia Postell
Signature

x DELIA Postell
Print Name

x 7724 FLANDERS DR
Address

x SAN DIEGO, CA 92126
City Zip Code

x 858-549-7001
Telephone

Poulette

Work Order # E 20180

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20180

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

			SCOTT	BECKWITH	BOYCE	
			X			
				TREE		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 4/11/07

Interment space for: Richard J. Postell

Interment Date: 4-13-07 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot 209 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 ____

At Need
(In grave of MacDougall, Kathleen, Maude, & Robert)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-11-07

229328

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Taylor MacDougall Jr.

In a ASH VAULT (Type of Burial Container) Funeral, date, time Friday Aug 10th 10:30

Church, Chapel, Graveside Witness Eversole Mortuary In Ukiah CA

Elizabeth 267-983-0027

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned 707-402-2206

Division 3 Section 9 Blk/Row ~ Lot 21 Grave 2

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number R-60191	510.06
Balance due	0

PAID
AUG - 8 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 Elizabeth MacDougall (Signature)

x Elizabeth MacDougall (Print Name)
x 105 Barbara St (Address)
x Ukiah, CA 95482 (City, Zip Code)
x 7074630349 (Telephone)

Invoice # _____

Work Order # E 20181

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

707-367-1885

E20181

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

BURIAL CONTAINER Ash Vault

		HARTLY	X			

'lagged Yes _____ No _____
ind Check Initiated By: _____ Date: _____
erment space for: Robert Taylor MacDougall Jr.
erment Date: Friday Aug 10 Time: 10:30 am
v: 3 Sect: 9 Blk/Row: — Lot: 21 Gr: 2
'ave Laid out by: Norman Ferguson
irees with Legal Card: ☐ Yes ☐ No
irees with Map: ☐ Yes ☐ No
nd Check & Verified By: _____ Date: _____
EMAINS WERE PLACED _____

E20181
6669-6017
49

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROBERT	TAYLOR	MACDOUGALL JR.	03/13/1918	04/07/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
UKIAH	MENDOCINO	ELIZABETH MACDOUGALL, DAUGHTER 105 BARBARA STREET UKIAH, CA 95482

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF [illegible] taking permit	8B. DATE SIGNED
EVERSOLE MORTUARY, THE, 141 LOW GAP ROAD PO BOX 29 UKIAH, CA 95482	FD24	▶ [signature]	4/10/07

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	04/10/2007	▶ MARVIN TROTTER, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
MENDOCINO HEALTH DEPARTMENT 1120 SOUTH DORA STREET UKIAH, CA 95482	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST. SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S)

CR/BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY EVERGREEN MEMORIAL GARDENS 141 LOW GAP ROAD UKIAH, CA 95482	12B. DATE CREMATED 04/10/2007	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER - ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE -

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-11-2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura Coleman 230839

in a Liner (Type of Burial Container) Funeral, date, time MAY 2 Weds 11:00

Church/Chapel, Graveside Bethel CA BURIAL ELCAJON Mortuary. 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. Jeannette

Division 12 Section 2 Blk/Row _____ Lot 132 Grave 6

Grave space & Care Fund	$ 3011.-	3011.-
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	$ 708.-	708.-
Burial Container	$ 359.-	717.-
Handling Fees	$ 275.-	654.-
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	$ 85.-	85.-
Sales taxes	$ 27.82	55.57
correct chg.	$ 4,465.82	Total Due 5,180.57
Refund difference	$714.75	Paid receipt number R-60053 / 5,180.57
		Balance due 0

PAID

APR 26 2007

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.

230838

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

X Willie A. Young
Signature

X Willie A. Young
Print Name

X 7919 EASTRIDGE Dr.
Address

X LA MESA CA 91941
City Zip Code

X 619-466-7557
Telephone

Paulette

Work Order # E 20182

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

05/8/07 Refund Appl. mailed to Auditor
spoke w/Jeannette

E20182

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH Ø

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

BURIAL CONTAINER Liner

	Maria Vega Juarez		X			
				Amescua		Madrigal

Tagged Yes ✓ No

ind Check Initiated By: Paulette Date: 4-26-07

erment space for: Laura Coleman

erment Date: 5/1 Time: 11:00

v: 12 Sect: 2 Blk/Row: ____ Lot: 132 Gr: 6

ave Laid out by: Norman

irees with Legal Card: ☐ Yes ☐ No

rees with Map: ☐ Yes ☐ No

nd Check & Verified By: ____ Date: ____

EMAINS WERE PLACED ____

E 20182

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LAURA	ALBERTA	COLEMAN	05/13/1936	04/10/2007	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	WILLIE YOUNG, BROTHER 7919 EASTRIDGE DRIVE LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	Victoria Mitchell	4/12/07

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	04/12/2007	WILMA WOOTEN, 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	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.)

Atneed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Low Income

Date 4/11/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Perez-Lopez, Maxina 230809

in a Liner (Type of Burial Container) Funeral, date, time Tues, April 17, 12 pm

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 8 Grave 2

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number AP 40074	1,679.47
Balance due	0

PAID

APR 13 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.

230808.

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

Leticia Caro
Signature

Leticia Caro
Print Name

2940 Arbolar RD.
Address

San diego CA 92154
City Zip Code

(619) 428-3832
Telephone

Invoice # _____

Work Order # E 20183

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

0.6

4,847.09 +
[illegible] -

6

1,894.77 +
75.00 -

6

0.6

829.50 +
1,012.00 +
241.00 +
2,083.50 =
12. =
24,999.00 .

E20183

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: Maxima P Lopez

Address: 2940 Arbolar Road

City: San Diego State CA Zip Code 92154

City of San Diego resident? (Circle) (YES) NO

Size of Family (check one)

	Annual Income		Annual Income
(1)	$13,980	(4)	$38,810
(2)	$22,900	(5)	$45,800
(3)	$31,440	(6)	$53,560

For larger families, add $7,760 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that persons' household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Signed/ Relationship — Date 4/11/07

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 4/13/07

Current _____ documents verified on:
Approved By _____
Date _____

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

DIVERSITY BRINGS US ALL TOGETHER

Bank of America

E20183

Your Bank of America MyAccess checking Statement

1869 P P
E0-3

MAXIMA LOPEZ
EPIFANIO MEDINA-RAMIREZ
531 W SAN YSIDRO BLVD
APT 22
SAN YSIDRO CA 92173-2352

Statement Period:
February 21 through March 22, 2007

Account Number: 18696-42511

At Your Service
Call: 619.667.3220

Written Inquiries
Bank of America
Spring Valley In-Store
PO Box 37176
San Francisco, CA 94137-0001

Customer since 1996
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 Bank 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 MyAccess checking Account

Beginning Balance on 02/21/07	$1.56
Total Deposits	+ 241.00
Total Checks, Withdrawals, Transfers, Account Fees	- 241.80
Ending Balance	$.76

Number of ATM withdrawals and transfers	1
Number of purchase transactions	0
Number of 24 Hour Customer Service Calls	
Self-Service	0
Assisted	0

Bank of America News

Please read Bank of America Privacy Policy for Consumers 2007 carefully for important information. If you have other accounts with Bank of America you may receive more than one 2007 privacy policy notification. For more information visit www.bankofamerica.com/privacy

Stay in complete control when you pay your bills online with Online Banking with Bill Pay you tell us who to pay, how much, and when - all from a single screen. Everything's completely up to you - view, modify and cancel payments as needed. Enroll or sign in today at bankofamerica.com.

Bank of America is the proud Corporate Sponsor of the Dead Sea Scrolls exhibition at the San Diego Natural History Museum 6/29/07-12/31/07. Bank associates and customers receive $4 off the price of adult admission by purchasing online at https://tickets.sdnhm.org/public/ (no limit) and entering the code DSSBA2 at checkout. Visit www.sdscrolls.org.

Tax-Advantaged Savings - Start Today. With a Bank of America Individual Retirement Account (IRA), you could be on your way to a secure retirement. With tax season right around the corner, consider opening an IRA for potential tax-advantaged savings. To start saving today, visit www.bankofamerica.com or call 1.800.242.2632.

Continued on next page

Recycled P

E20183
H

MAXIMA LOPEZ
EPIFANIO MEDINA-RAMIREZ

Statement Period: February 21 through March 22, 2007
Account Number: 18696-42511

Account Activity

Date Posted	Description	Reference Number	Amount
	Deposits and Credits		
03/02	US Treasury 312 DES:SOC SEC ID:Xxxxx5913a SSA INDN:Maxima P Lopez Co ID:3121036241 PPD Ref:007059011518173		$241.00
	Withdrawals, Transfers and Account Fees		
03/05	Cash withdrawal on 03/05, Non-Bank of America ATM #X96236 (Card #369040464)	000059531	$241.80

ATM Information

This period, you visited the following ATM locations:

Non-Bank of America ATMs
- #X96236 Prod Banco, Prod Banco Mex/, Mexico D.F., MX

*** REC 2007018 123737 H8E011E0 DHYB CIPQYA5 PQA5 (F-DHY) ***

E20183

SOCIAL SECURITY ADMINISTRATION

Date: January 18, 2007
Claim Number: 554-02-3885A
554-02-3885DI

JORGE CANO
2940 ARBODAR RDAVE
SAN DIEGO CA 92154-####

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 2006, the full monthly
Social Security benefit before any deductions is.....$ 1012.80

We deduct $93.50 for medical insurance premiums each month.

The regular monthly Social Security payment is.....$ 919.00
(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 Wednesday of each month.

Your New Benefit Amount

E20183

BENEFICIARY'S NAME: LETICIA R CANO

4790-

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 $829.50
- The amount we are deducting for Medicare medical insurance is $93.50
  (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 $736.00 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.

SUITE B STREET LEVEL
380 THIRD AVENUE
CHULA VISTA CA

BNC#: 06B1610H71709

Over ➤

478040*COLA*SM-DI*V04*L009

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

SOCIAL SECURITY ADMINISTRATION
OFFICE OF CENTRAL OPERATIONS
1500 WOODLAWN DR
BALTIMORE MD 21241-1500

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

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

478040******AUTO** SCH 5-DIGIT 92153
LETICIA R CANO
2940 ARBODAR DR
SAN DIEGO CA 92154-4258

E20183

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH Ø

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

BURIAL CONTAINER Liner

=	FENCE	LINE				=
		DANIELS	X			
	SPENCER					

lagged Yes X No

nd Check Initiated By: KEVIN Date:

erment space for: Perez-Lopez, Maxim

erment Date: Tues 4-17-07 Time: ~~AM~~ 12pm

v: 11 Sect: 2 Blk/Row: Lot: 8 Gr: 2

ave Laid out by: Norman Perez

irees with Legal Card: ☐ Yes ☐ No

rees with Map: ☐ Yes ☐ No

nd Check & Verified By: Date:

EMAINS WERE PLACED

E20183

80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MAXINA	-	PEREZ-LOPEZ	10/18/1926	04/10/2007	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	LETICIA CANO, DAUGHTER 2940 ARBODAR RD. SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶ Claudette Ress	4-17-07

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
	04/17/2007	▶ 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 4-17-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Perquer	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 04/16/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ETHEL F. HARRISON & 230814

in a N/A (Type of Burial Container) Funeral, date, time Mon April 23 1:00 pm

Church, Chapel, Graveside Witness Anderson-Rags, Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row ~ Lot 364 Grave 1

Grave space & Care Fund	426.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.00
Burial Container N/A	—
Handling Fees	85.00
Flower vases – Marker setting fee TEMP MARKER	44.17
Recording/Filing/Transfer Fees	65.00
Sales taxes	—
Total Due	684.17
Paid receipt number R-60052	684.17
Balance due	0

PAID

APR 23 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.

230813

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

X Debra Harrison (Signature)

X Debra Harrison (Print Name)

X 4646 Home Ave #C (Address)

X San Diego CA 92105 (City, Zip Code)

X 619-517-0702/527-7881 (Telephone)

Paulette

Work Order # E 20184

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Dec. address.
900 F. St. Apt. 320
SD CA.

E20184

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH Ø

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

BURIAL CONTAINER N/A

			NYE	GALE	GALE	
			X			
		HANBUM				

lagged Yes X No

ind Check Initiated By: KEVIN Date:

erment space for: Ethel F. Harrison Ø

erment Date: 4/23/07 Time: 1:00 G.S. (Witness)

v: 8 Sect: 4 Blk/Row: Lot: 364 Gr: 1

ave Laid out by: Norman Ferguson

rees with Legal Card: ☐ Yes ☐ No

rees with Map: ☐ Yes ☐ No

nd Check & Verified By: Date:

EMAINS WERE PLACED Right Side

E20184

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 8547-02

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ETHEL	FAYE	HARRISON	07/23/1951	04/12/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DEBRA HARRISON, DAUGHTER 4646 HOME AVE. 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 – Perform funeral permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sunnika Pryor	04/18/2007

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	THIS PERMIT IS ISSUED IN 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	04/18/2007	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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4-23-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY:601-D CRANE ST.,LAKE ELSINORE, CA 92530	12B. DATE CREMATED 04/19/07	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 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need Lots

Date 4-16-07

Pin 230475

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Jose E. Ramirez and family & Vilma C. Ramirez

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 184 Grave 2 & 4

Grave space & Care Fund	4528.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	4528.00
Paid receipt number P-00790	905.60
Balance due	3,622.40

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 Vilma C. RAMIREZ
Print Name

X JOSE E. RAMIREZ
Address

2824 BAILY AVE.
City

SAN DIEGO 92105
Zip Code

X (619) 264 4206
Telephone

X Jose E. Ramirez
Signature

X Vilma Ramirez

Invoice # _____

Work Order # E 20185

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

4-28-07 Coupons prepaid / mailed

MT. HOPE CEMETERY

INTERMENT ORDER

in grave with husband Eulogio Guevara

City of San Diego

Date 4/17/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Guevara, Lucy & 230827

in a Ash Vault (Type of Burial Container) Funeral, date, time Wed. April 25 @ 11:00

Church, Chapel, Graveside _____ ; Berge-Roberts Mortuary.

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

will be applied and billed to undersigned. _____

Division 6 Section 3 Blk/Row _____ Lot 57 Grave 1

Grave space & Care Fund E-4724 12/1984	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee Re-set	48.00
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	558.06
Paid receipt number R-60048 Chk # 2042	
Balance due	~~558.00~~ 0 (MDL)

PAID APR 17 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.

230826

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

Stella Youngberg (Signature)

Stella Youngberg (Print Name)

15491 Avenida Rorras (Address)

San Diego, CA 92128 (City, Zip Code)

(858) 481-9782 (Telephone)

Invoice # _____

Work Order # E 20186

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20186

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/26 19 84

CHARGE STELLA YOUNGBERG

ADDRESS 12506 CABE ROAD PL. S.D. 92129

NAME OF DECEASED EULOGIO S. GUEVARA

OWNER

ADDRESS

MORTUARY BERGE/ROBERTS

D.I.P.

LOT 57 GR 1 ROW SEC 3 BLK/DIV 6	525	00
OPENING/CLOSING TIME CHAPEL 10-AM DAY DATE FRI. 12-28-84	285	00
VAULT/CINER BELL SIZE	259	70
REG. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1119	70
PAID RECEIPT NUMBER 32133	1119	70
BALANCE	-0-	

D.I.P.

Up Right Monument OK

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

AUTHORIZED IN PERSON / PHONE BY X Stella Youngberg ORDER TAKEN BY

W.O. NO. E 4724 INVOICE NO.

PY-593 (4-82)

E20186

MT HOPE CEMETERY

ingrave w/ Eulogio Guevara bury her inground

GRAVE BLIND CHECK FORM

IN GRAVE WITH Guevara, Eulogio

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

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 4-23-07

Interment space for: Lucy R. Guevara

Interment Date: 4/25/07 Time: 11:00

Div: 6 Sect: 3 Blk/Row: ____ Lot: 57 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED MIDDLE

E20186 ABY

89027

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

95 714

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LUCY	RANGEL	GUEVARA	01/12/1912	03/12/2007 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
NATIONAL CITY	SAN DIEGO	STELLA YOUNGBERG, DAUGHTER 15497 AVENIDA RORRAS 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
EL CAMINO MEMORIAL - NC, 607 NATIONAL CITY BLVD NATIONAL CITY, CA 91950	FD-284	▶ Lisa Castro	03/14/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	03/16/2007	▶ 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
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 4-25-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED MAR 20 2007	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need 12 chairs
Lot/Trust

Date 04/16/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernest Simmons 230811

in a Double depth crypt A (Type of Burial Container) Funeral, date, time Thursday April 19 11:00

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

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row ~ Lot 137 Grave 9

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	~
Opening/Closing & Setup 2 x 533 =	1066.-
Burial Container	539.-
Handling Fees	454.-
Flower vases ~ Marker setting fee	
Recording/Filing/Transfer Fees 2 x 65 =	130.-
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number R-60045	4,494.77
Balance due	0

PAID
APR 16 2007
MOUNT HOPE CEMETERY

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.

230810

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

Rosetta Simmons
Signature

x Rosetta Simmons
Print Name
x 6784 Park Ridge Blvd
Address
x San Diego CA 92120
City Zip Code
x 619 269-1601
Telephone

paulette

Work Order # E 20187

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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Mailed deed 4-26-07

E20187

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH Ø

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

BURIAL CONTAINER DD CRYPT A

		Anderson	Parker	Cook	McCoy	
		Sourkeo	X	Carter	Livingston	
			Tree	Hill		

'lagged Yes ✓ No

ind Check Initiated By: Kevin Date: 4-

terment space for: Ernest Simmons

terment Date: 4/19/07 Time: 11:00

v: 12 Sect: 2 Blk/Row: ____ Lot: 137 Gr: 9

rave Laid out by: Norman Ferguson

grees with Legal Card: ☐ Yes ☐ No

grees with Map: ☐ Yes ☐ No E-20187

ind Check & Verified By: ____ Date: ____

REMAINS WERE PLACED ____

E20186

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 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
ERNEST	-	SIMMONS	05/31/1930	04/12/2007	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	ROSETTA SIMMONS, SPOUSE 34325 NORTHAVEN DRIVE WINCHESTER, CA 92596

7A. TYPED NAME AND ADDRESS OF 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	▶	04/16/2007

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	04/16/2007	▶ 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 4-19-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 4/18/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Mae Williams 230825

in a Liner (Type of Burial Container) Funeral, date, time Weds April 25 1:00

Church, Chapel, Graveside _____ Anderson-Rogers Mortuary

All Funeral cars 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 3

Grave space & Care Fund	2264.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.—
Burial Container Waived per Lugo	—
Handling Fees	206.—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.—
Sales taxes waived per Lugo	—
Total Due	3068.—
Paid receipt number B-60049	3,068.—
Balance due	Ø

PAID APR 18 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 authorization and interment.

230824

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

X Amanda Henderson (Signature)

X AMANDA HENDERSON (Print Name)

X 4205 GAMMA St (Address)

X S.D., CA 92113 (City, Zip Code)

X 619-264-8372 (Telephone)

Paulette

Work Order # E 20188

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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Bank of America

Social Security # 464-32-1726

619-584-5950 H
E20188

1811 P P
E0-3

Your Bank of America MyAccess checking Statement

Statement Period:
February 21 through March 22, 2007

[redacted]

WILLIE M WILLIAMS
4146 39TH ST APT 1
SAN DIEGO CA 92105-1378

At Your Service
Call: 619.667.3220

Written Inquiries
Bank of America
43rd/Alpha
PO Box 37176
San Francisco, CA 94137-0001

Customer since 1996
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 MyAccess checking Account

Beginning Balance on 02/21/07 (Overdrawn)	- $44.98
Total Deposits	+ 1,233.00
Total Checks, Withdrawals, Transfers, Account Fees	- 1,318.95
Ending Balance (Overdrawn)	- $130.93

Number of ATM withdrawals and transfers	1
Number of purchase transactions	0
Number of 24 Hour Customer Service Calls	
Self-Service	2
Assisted	0

❑ Bank of America News

Please read Bank of America Privacy Policy for Consumers 2007 carefully for important information. If you have other accounts with Bank of America you may receive more than one 2007 privacy policy notification. For more information visit www.bankofamerica.com/privacy

Stay in complete control when you pay your bills online with Online Banking with Bill Pay you tell us who to pay, how much, and when - all from a single screen. Everything's completely up to you - view, modify and cancel payments as needed. Enroll or sign in today at bankofamerica.com.

Bank of America is the proud Corporate Sponsor of the Dead Sea Scrolls exhibition at the San Diego Natural History Museum 6/29/07-12/31/07. Bank associates and customers receive $4 off the price of adult admission by purchasing online at https://tickets.sdnhm.org/public/ (no limit) and entering the code DSSBA2 at checkout. Visit www.sdscrolls.org.

Tax-Advantaged Savings - Start Today. With a Bank of America Individual Retirement Account (IRA), you could be on your way to a secure retirement. With tax season right around the corner, consider opening an IRA for potential tax-advantaged savings. To start saving today, visit www.bankofamerica.com or call 1.800.242.2632.

Continued on next page

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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

	NICOLAS		GREEN			
			X		CLARK	
				HUFF	ANDERSON	

Flagged **Yes** X **No**

Blind Check Initiated By: Kevin Date: _____

Interment space for: Willie Mae Williams

Interment Date: April 25 Time: 1:00 Chapel

Div: 12 Sect: 1 Blk/Row: _____ Lot: 69 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 _____

E20188

87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLIE	MAE	WILLIAMS	01/17/1920	04/18/2007	F

[redacted]Y 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	LA MANDA HENDERSON, SISTER 4205 GAMMA 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 filing permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ Mark Jenkins	04/23/2007

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
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	04/23/2007	▶ WILMA WOOTEN, 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 6 U SAN DIEGO, CA 92115	--

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 4-25-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Lemmer	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Trust

Date 4/18/07

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 40 Grave 1

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	1,094.93
Paid receipt number Visa AP 895040	1094.93
Balance due	0

PAID
APR 18 2007
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.

2256.45

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

Signature

Thomas E. Hammond
Print Name

5215 Calle Minas
Address

San Diego Ca. 92126
City Zip Code

858-693-6052
Telephone

verified
CDL F0072840
5-1510

Invoice # _____

Work Order # E 20189

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20190

missing

from this

Spindle:

E20100 _ E20199

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/19/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy McKinney 2D822

in a Liner (Type of Burial Container) Funeral, date, time Tues April 24 11:00

(Church) Chapel, Graveside Bishop Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 40 Grave 1

Grave space & Care Fund E-20189 0

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup E-20189 0

Burial Container " 0

Handling Fees " 0

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees E-20189 0

Sales taxes ..... _____

Total Due 0

Paid receipt number E-20189

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

Address

X City Zip Code

Telephone

See Copy of attached signature

Invoice # _____

Acct. # _____

Work Order # E 20191

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20191

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Trust

Date 4/18/07

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 40 Grave 1

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	1,094.93
Paid receipt number Visa AP 895040	1,094.93
Balance due	0

PAID APR 18 2007 MOUNT HOPE CEMETERY

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

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

[signature]
Signature

verified CDL F0072840 5-1510

Work Order # E 20189

2256.45

Thomas E. Hammonds
Print Name

6215 Calle Minas
Address

San Diego Ca. 92126
City Zip Code

858-693-6052
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20191

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

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

BURIAL CONTAINER Liner

			X			
				Head		Bollesterios

Flagged Yes No

Blind Check Initiated By: Pauline C Date: 4-20-07

Interment space for: Dorothy McKinney

Interment Date: 4-24-07 Time: 11:00 Church

Div: 11 Sect: 2 Blk/Row: — Lot: 40 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 _____

E20192

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: _____

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: Bishop Gwen
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: _____
TELEPHONE NUMBER: _____
RELATIONSHIP TO DECEASED: _____

NAME OF DECEASED:

LAST NAME: McKinney
FIRST NAME: DOROTHY 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: 4/24 TIME OF SERVICE: 11:00 = arrival 1:30
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: 24th April

bid on
on supplies

Wayde
Re-bid again
so bad
instruct
no one bid on bell & vault

Mary
Jewells

Gallant

Galant

E20191

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

63

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

1A. NAME OF 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	A.	MCKINNEY	04/10/1944	04/17/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN MARCOS	SAN DIEGO	CARMAN NOBLE, DAUGHTER 244 AMATISTA WAY OCEANSIDE, CA 92056

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT Person taking permit	8B. DATE SIGNED
BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673	▶ Katrina Lamar	04/24/2007

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	04/24/2007	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 3751 MARKET ST.,SAN DIEGO, CA 92102	11B. DATE BURIED 4-24-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Karen F. Lamar	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.)

8/7/2009
I Ded by ME
as Timothy
Benjamin
AXE DOB: 11/16/77
Pin # 230833

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-23-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe P.A. 20071255 ME 05-2266

in a DD CRYPT "A" (Type of Burial Container) Funeral, date, time Tues, May 1, 10:30

Church, Chapel, Graveside Deliver Only AZTLAN (619) 337-8100 Mortuary. Leah

All Funeral cars 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 22 Grave 1A

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 AP042463	$ 776.23
Balance due	Ø

PAID
APR 27 2007
MOUNT HOPE CEMETERY

P.A Daniel Price
858 694 3500
" " 3987 fax

Co. Visa Card

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

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

Signature _____

Paulette

CLEAR RUBBERMAID CONTAINER/WHT LID

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Invoice # _____

Acct. # _____

Work Order # E 20192

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

FAX 337-8300

NO. 071 001
E20192

ATTN: PAULETTE

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-23-07

You are hereby authorized and instructed, subject to your rules and regulations to inter the remains of JOHN DOE P.A. 20071265 ME 05-2266.

in a DD CRYPT A (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; AZTLAN 337-8100 Mortuary

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

will be applied and billed to undersigned.

Division 13 Section ~ Blk/Row ~ Lot 22 Grave 1A

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	79.00
Sales tax	10.23
Total Due	$ 776.23
Paid receipt number	
Balance due	

P.A Darnell Price 858 694 3630 858 694 3987

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 of the hold under deed

Darnell Price
Signature

Paulette

PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123-1699
City Zip Code

Telephone #

Invoice #

Work Order # E 20192

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

E20192

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

DATE: 04/27/07 TIME: 09:28:36
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 28B
CD TYPE: VISA
TR TYPE: MP

TOTAL: $776.23M

ACCT: **********8301 EXP: ****
AP: 042463
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/file

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-20192
John Doe PA 20071255
M.E. 05-2266
13-20-1A

E20192

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 4-23-07

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☐ MORTUARY NAME: AZLAN fax 337-8300
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: Lea
TELEPHONE NUMBER: 337-8100
RELATIONSHIP TO DECEASED:

NAME OF DECEASED: Pa 2007-1255
LAST NAME: John Doe 05-2266
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: 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: fax interment

E20192

County of San Diego

GLENN N WAGNER, D.O.
CHIEF MEDICAL EXAMINER

CHRISTINA STANLEY, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

DEPARTMENT OF THE MEDICAL EXAMINER
5555 Overland Ave., Suite 1411, San Diego, California 92123-1270
TEL: (858) 694-2895 FAX: (858) 694-8975

August 7, 2009

City of San Diego
Mount Hope Cemetery
3751 Market Street
San Diego CA 92102

Attn: Cemetery Records – Maria 619-527-3403

Re: John Doe (Medical Examiner Case #05-02266)

Ladies and Gentlemen:

This letter is to inform you of the identification of John Doe, Medical Examiner case number 05-02266. The date of death of John Doe was 11/19/2005. He was positively identified on 06/04/2009 through a DNA comparison.

The decedent's identity has been established as Timothy Benjamin Axe with date of birth 11/16/1977. His next of kin are his parents Raymond Axe and Lolita Axe. Could you please respond to this notice and provide this decedent's plot location?

Thank you for your assistance in this matter.

Sincerely,

Gretchen B. Geary

Gretchen B. Geary
Medical Examiner John/Jane Doe Investigator

Public Administrator number not available

E 20192

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Fd

1A. NAME OF DECEDENT — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	-	Doe	Unknown	11/19/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Julian	San Diego	Leah Mata-Office Manager 7856 La Mesa Blvd La Mesa, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Funeraria Aztlan Mortuary Svc 7856 La Mesa Blvd, la Mesa, CA 91941	FD-1658

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

8A. SIGNATURE OF APPLICANT — Person taking permit: ▶ [signature] 8B. DATE SIGNED 04/19/2007

PERMIT 05-02266 AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID 11.00

9B. DATE PERMIT ISSUED J.L. Gajon Jr 04/20/2007

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ 0700637

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: PO Box 85222, San Diego, CA 92186-5222

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR 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 San Diego, CA 92102	11B. DATE BURIED MAY 1, 2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-23-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe P.A. 20071257 M.E. 04-383 230832

in a DOCRYPT "B" (Type of Burial Container) Funeral, date, time Tues. May 1, 10:30

Church, Chapel, Graveside Delivery Only: AZTLAN 619 337-8100 Mortuary: Leach

All Funeral cars 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 22 Grave 16

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 077458	$ 776.23
Balance due	0

PAID
APR 27 2007
MOUNT HOPE CEMETERY

P.A. ELLEN 858-694-3502 658-694-3987

CO. Visa Card

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

SQUARE BOX WRAPPED WITH BLK PLASTIC

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

Signature Paulette

Print Name

Address

City Zip Code

Telephone

See attached

Invoice # _____

Work Order # E 20193

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Fax 619-527-3403

E20193

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-23-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe P.A. 20071257 ME. 04-383

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

Church, Chapel, Graveside ; AZTLAN 337-8100 Mortuary Leah

All Funeral cars 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 22 Grave 16

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	$ 776.23
Paid receipt number	
Balance due	

P.A. ELLEN 858 694 3502 858-694-3987

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

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

Ellen Bohan
Signature

Pauloff

X Ellen Bohan (Print name)
X 5201-A Ruffin Rd. (Address)
X San Diego, CA 92123 (City, State, Zip Code)
X (858) 694-3502 (Telephone)

Invoice # _____

Work Order # E 20193

Acct. # _____

...table in alternative formats upon request.

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

E20193

DATE / TIME RECEIVED CALL: 4/23/07

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: AZTLAN
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: Lea
TELEPHONE NUMBER: 337-8100
RELATIONSHIP TO DECEASED:

337-8300

NAME OF DECEASED: P.A. # 2007-1257
LAST NAME: John Doe ME 04-383
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: 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
☐ F/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS:

E20193

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Fd

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	-	Doe	Unknown	02/17/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Dulzura	San Diego	Leah Mata-Office Manager 7856 La Mesa Blvd La Mesa,CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Funeraria Aztlan Mortuary Svc 7856 La Mesa Blvd,La Mesa,CA 91941	Fd-1658

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

8A. SIGNATURE OF APPLICANT — person filing permit ▶ [signature] 8B. DATE SIGNED 04-19-2007

PERMIT 04-00383 AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	J.L.Gajon Jr 04/19/2007	▶ 87006628

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery San Diego,CA 92102	11B. DATE BURIED: MAY 1, 2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

E20193

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
430132215665644

DATE: 04/27/07 TIME: 09:29:39
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 288
CD TYPE: VISA
TR TYPE: MP

TOTAL: $776.23M

ACCT: **********8301 EXP: ****
AP: 077458
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 file

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-20193
John Doe PA.20071257
M.E. 04-383
13-22-1B

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 4-23-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gordon MacLean ⊗ 230821 2:00

in a Ash Vault (Type of Burial Container) Funeral, date, time Friday April 27

Church, Chapel, Graveside AZTLAN Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row — Lot 148 Grave 2

Grave space & Care Fund E-14796 <6-8-2005> 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 AP 07802B 384.12

Balance due Ø

PAID APR 23 2007 MOUNT HOPE CEMETERY

I hereby certify I am the 1 Step-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: Daniel R Mathias

Print Name: 214382 Daniel R Mathias

Address: 775 Monica Drive

City: Dayton, NV 89403 Zip Code

Telephone: ~~702-508~~ 775-297-2010

Invoice # 619)465-3012

Work Order # E 20194

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20194

MT. HOPE CEMETERY

INTERMENT ORDER

At Need
in grave w/ Laura MacLean

City of San Diego

Date 04-18-07

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

in a D.D.CRYPT "B" (Type of Burial Container) Funeral, date, time _____ MACK

Church, Chapel, Graveside _____ ~~Featheringill~~ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 148 Grave 2

Grave space & Care Fund E-14796	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 _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 20190

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

E20194

DATE / TIME RECEIVED CALL: 4/20/07

CALL TAKEN BY: David Lugo

RECEIVED CALL FROM:

☐ MORTUARY NAME: Aztlan Mortuary
☑ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: Daniel Mathias
TELEPHONE NUMBER: 702-508-4440
RELATIONSHIP TO DECEASED: son

NAME OF DECEASED:

LAST NAME: McLean
FIRST NAME: Gordon INITIAL: Franklin
D.O.D. Mar 16 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: _____

E 19153

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

DIV: 12 SECT: 2 BLK/ROW: _____ LOT: 148 GR: 2
☐ 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: _____

Ash Vault on top of dd.

E20194

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Laura MacLean

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 ~~DD Crypt "B"~~ Ash Vau

		NICHOLS JOHNSON	HAYNES	SMITH		
	MASON	BRETTELL	X		LEVINGSTON	
	SULLIVAN		ROBINSON			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 4-26

Interment space for: Gordon MacLean ☒

Interment Date: 4-27-07 Time: 2:00 GS

Div: 12 Sect: 2 Blk/Row: ~ Lot: 148 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 MIDDLE

E20194

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

74 8641-01

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
GORDON	FRANKLIN	MACLEAN	08/13/1932	04/16/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTEE	SAN DIEGO	DANIEL MATHIAS, STEPSON 775 MONJICO DR DAYTON, NV 89403

7A. TYPED NAME AND ADDRESS OF 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	▶	04/24/2007

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	04/24/2007	▶ 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
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 4/27/07	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 4-25-07	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 4/26/07	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Daniel Mathias 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 04/23/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Diaz, Nayelie (infant) 230836

in a 0-Liner (Type of Burial Container) Funeral, date, time Thurs. April 26 2:30

Church, Chapel, Graveside ; Berge-Roberts Mortuary.

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

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row ~ Lot 4023 Grave 1

Grave space & Care Fund	142.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.—
Burial Container 28L x 14W x 10H	79.—
Handling Fees	85.—
Flower vases - Marker setting fee galvanized vase w/ # 5527	33.09
Recording/Filing/Transfer Fees	65.—
Sales taxes	7.67
Total Due	560.76
Paid receipt number AP093352	560.76
Balance due	-0-

PAID

APR 24 2007

MOUNT HOPE CEMETERY

I hereby certify I am the X Parents of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 230824 230835

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

X Fabian Diaz

Signature

X [illegible]

X Fabian Diaz / Jennifer Saragoza

Print Name

X 3119 Valle Ave # 4

Address

X San Diego CA 92113

City Zip Code

X (619) 239.3356

Telephone

Invoice # _____

Work Order # E 20195

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20195

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

					~~O Liner~~	
				Boyd		
			X			

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette C. Date: 4-25

Interment space for: Nayelie Diaz (infant)

Interment Date: 4-26-07 Time: 2:30 Graveside

Div: 9 Sect: 1 Blk/Row: ____ Lot: 4023 Gr: 1

Grave Laid out by: Ken. Norman

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20195

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
NAYELIE	-	DIAZ	04/17/2007	04/17/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO.	SAN DIEGO	FABIAN DIAZ - FATHER 3119 VALLE AVE #4 SAN DIEGO CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
EL CAMINO MEMORIAL - BC 607 NATIONAL CITY BLVD NATIONAL CITY CA 91950	FD-284

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

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

8B. DATE SIGNED: 04/23/2007

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	04/23/2007 L. CASTRO	2700646 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 4-26-07	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 CREMATIO ▶	
SCIENTIFIC USE	*13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS*	*13B. DATE RECEIVED*	*13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY* ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 4/25/07

230830

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emilia Gallego Luevanos

in a DDCrypt A (Type of Burial Container) Funeral, date, time Mon April 30, 10:00

(Church) Chapel, Graveside AZTLAN Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row PAID Lot 318 Grave 1

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	717.00
Handling Fees	604.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	55.57
Total Due	5,180.57
Paid receipt number AP 833696 & AP 025637	5,180.57
Balance due	0

APR 25 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.

230830

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

Signature

Print Name

Address 5001 Range View 90042

City Los Angeles CA Zip Code

Telephone 323 259 0573

Invoice # _____

Work Order # E 20196

Acct. # _____

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

Deed mailed 5/24/07

E20196

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

			X	Anderson	Andersonchrist	

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Pauliette Date: 4-26

Interment space for: Emilia Gallegos Luevanos

Interment Date: MON. April 30 Time: 10:00

Div: 8 Sect: 1 Blk/Row: ____ Lot: 318 Gr: 1

Grave Laid out by: Norma

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20196

87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EMILIA	-	GALLEGOS LUEVANOS	04/05/1920	04/25/2007	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	ANTONIO MEZA, SON 5001 RANGE VIEW AVE LOS ANGELES, CA 90042

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658		04/27/2007

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	04/27/2007	WILMA WOOTEN, 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, 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 4/30/07	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 4/25/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosoe Roberts 226363

in a Liner (Type of Burial Container) Funeral, date, time Wed May 2, 2007 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 18 Section 1 Blk/Row W Lot 43 Grave 10

Grave space & Care Fund E-16039 / NO INTERFUND TRANSFER

Overtime/Late Arrival Fees

Opening/Closing & Setup " See R-58063

Burial Container "

Handling Fees "

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees "

Sales taxes "

Total Due

Paid receipt number 11-14-00

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 20197

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20197

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

					Rice	
			X	Jean Roberts	Starks	Price
		Gordon	Gordon	Price		

Flagged **Yes** ✓ **No** ____

Blind Check Initiated By: Pauette Date: 4-26

Interment space for: Roscoe Roberts

Interment Date: 5-2-07 Time: 1200 church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 43 Gr: 10

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20197

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

65

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROSCOE	-	ROBERTS JR	08/26/1941	04/25/2007	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	STANLEY BRANCH, SON 33706 MARIGOLD LANE MURRIETA, CA 92563

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
		Victoria Mitchell	5/2/07

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	05/02/2007	WILMA WOOTEN, 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 5-2-07	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.)

E20197

MESSAGE CONFIRMATION

04/26/2007 10:10
ID=SD MT. HOPE CEMENTERY

DATE	S.P-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
04 26	00'24"	92862674	CALLING	01	OK	0000

04 26 2007 10:00 SD MT. HOPE CEMENTERY → 92862674 NO.973 P01

INTERMENT ORDER

City of San Diego

Date 4/25/07

Need

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

of Rosie Roberts Funeral date Weds May 2, 2007 12:00

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

Church Chapel, Graveside

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

will be applied and billed to undersigned

Division 18 Section 1 Blk/Row W Lot 43 Grave 10

Grave space & Care Fund E-16039

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 11-14-00

Balance due

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

E20197

PRE-NEED
LOTS &
TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JEAN & ROSCOE ROBERTS

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 43 Grave 10 & 11 Row Section 1 Division/~~Block~~ 12

Grave space & Care Fund	2 at 895.00	1790.00
Additional spaces and care fund		—
Opening/Closing & Se	2 at 375	750.00
Burial Container	2 at 190	380.00
Handling Fees	2 at 145	290.00
Flower vases – Marker setting fee		—
Recording and	at 45	90.00
Sales taxes	2 at 14.93	29.86
Total Due		3329.46
Paid receipt number R-53063		3329.46
Balance due		—

PAID
NOV 14 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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

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

Signature of recorded holder of deed

X Bernice V. Turner-Brown
Signature

X 5745 Mira Flores Dr
Address

X San Diego Ca 92114
City Zip Code

X (619) 266-0819
Telephone

Invoice #

Work Order # E 16039

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20197

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

530[redacted]

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 11-14, 2000

From: Beverlee Tucker-Branch Address: 5745 Mira Flores Dr San Diego 92114

Three Thousand Three Hundred Twenty Nine & 46/100 Dollars ($ 3329.46)

In full Payment of Pre-Need Lot & Trust
Jean & Roscoe Roberts

Lot 43 Grave 10 & 11 Row ____ Section 1 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E-16039

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

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

ISSUED BY S Stockelton

CREDIT 20% Sales Care	67007 77184	358	00
80% Sales of Lots	100 77184	1432	00
Opening/ Closing	100 77181	750	00
Burial Containers	100 77182	380	00
Handling Fee	100 77185	290	00
Recording & Misc. Fees	100 77183	90	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	29	46
TOTAL PAID	$	3329	46

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 4/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn V. Carter Pin 230292

in a Liner (Type of Burial Container) Funeral, date, time Tues. May 1, 2007

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 101 Grave 5

Grave space & Care Fund ..... E-19812 <7-10-06> Ø

Overtime/Late Arrival Fees ..... DP 3821509

Opening/Closing & Setup ..... " ..... Ø

Burial Container ..... " ..... Ø

Handling Fees ..... " ..... Ø

Flower vases – Marker setting fee ..... " ..... Ø

Recording/Filing/Transfer Fees ..... " ..... Ø

Sales taxes ..... " ..... see ..... Ø

Total Due E 19812 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 20198

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20198

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 4/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn V. Carter Pin 230292

in a Liner (Type of burial Container) Funeral, date, time Tues. May 1, 2007

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 101 Grave 5

Grave space & Care Fund	E-19812 <7-10-06>	Ø
Overtime/Late Arrival Fees		
Opening/Closing & Setup	"	Ø
Burial Container	"	Ø
Handling Fees	"	Ø
Flower vases – Marker setting fee	"	Ø
Recording/Filing/Transfer Fees	"	Ø
Dating Action	"	Ø
	Total Due E 19812	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

Herman Dean Carter Jr.
Signature

X Herman Dean Carter Jr.
Print name
X5089 Solola Ave.
Address
San Diego, CA 92113
City Zip Code
619-263-6550
Telephone

Invoice # _____

Work Order # E 20198

Acct # _____

This information is available in alternative formats upon request

Family would Like to Wittness Burial 3 people

E20198

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need
lot/Trust

Date 7-7-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Evelyn Carter Pin #230292

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 101 Grave 5

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	178.-
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,536.93
Paid receipt number P-00374	3,536.93
Balance due	Ø

PAID
JUL 10 2006
MOUNT HOPE CEMETERY

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

Pin # 230292

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

X Evelyn V. Carter
Signature

X EVELYN V. CARTER
Print Name

X 5089 SOLOLA AVE.
Address

X SAN DIEGO
City

X CA. 92113
Zip Code

Telephone 619-263-6550

Invoice # _____

Acct. # _____

Paulette

Work Order # E-19812

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20198

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

			Chrisby	Meza		
		TREE	x	Ellis	Garland	
			Rodgers	Rodgers		

Flagged **Yes** X **No** ____

Blind Check Initiated By: KEVIN Date: ____

Interment space for: Evelyn V. Carter

Interment Date: TUES 5/1/07 Time: 11AM

Div: 12 Sect: 2 Blk/Row: ____ Lot: 101 Gr: 5

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20198

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
EVELYN	V.	CARTER	07/13/1940	04/24/2007	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	DEAN CARTER, SON 5089 SOLOLA AVE SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	Claudette Ross	4-30-07

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	04/30/2007	WILMA WOOTEN, 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 MAY 1, 2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Jammy	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-27-07

230816 230817

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Ron R. Grubbs owner / Leona Grubbs co-owner (Mother)

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

Church, Chapel, Graveside _____ ; _____ Mortuary

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

will be applied and billed to undersigned. _____

Division 6 Section 3 Blk/Row ~ Lot 158 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	65 00
Sales taxes	—
Total Due	65.00
Paid receipt number Visa AP 40598	65.00
Balance due	0

PAID
APR 27 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.

Signature _____

Lugo

Print Name _____

Address _____

City See Attached Zip Code

Telephone _____

Invoice # _____

Work Order # E 20199

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20198

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 6 Section 3 Lot 158 Grave 3

2. My legal authority to the above property is based on the following facts: My Legal authority to My uncle Glenn S. Wolfe is as follows, My Mothers sister was married to My uncle Glenn Wolfe. My Aunt's name is Alberta Wolfe. I'm the only surviving Relative that will take Responsibility for this plot (Grave)

Ron R. Grubbs

3. I have presented the following evidence to support the above facts.

CA DL # B3127026

Deed # 6363 Mt. Hope Cemetery Deed dated 3/17/49

Presence of his mother: Leona Grubbs - sister-in-law to Mr. Wolfe

* Ron R. Grubbs would like to list his mother, Leona Grubbs as co-owner.

DL

Rev. 08/05

E20198

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 April 27th (Date), 2007 in San Diego (City)

Signature Ron R. Grubbs Print Full Name Ron R. Grubbs

To have deed sent to you, fill in your mailing address here:

Full Name Ron R. Grubbs

Address 2275 Rancho Mir.

City, State & Zip Code San Diego CA. 92139

4. The Last Step: To finish transfer of ownership, you must **EITHER**:

(1) File this form with the Mt. Hope Cemetery Administrative Office; **OR**

(2) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102. (RES)

(3) Enclose a check or money order for ($130) for Transfer fee ($65) and Deed Re-issue ($65). These monies will be returned if transfer not allowed. (RES)

5. Notarization: Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of _____

County of _____ ss.

On this _____ day of _____ in the year _____, before me _____

personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument, and acknowledged that they executed it.

_____
Notary Public

E20198

FOR OFFICE USE ONLY

Witnessed:

Signed on _____, _____ in _____
(Date) (City)

Signature Maria Dovensky Print Full Name Maria F. Dovensky

Documents Presented:

Original deed, family members (sister in law Leona Grubbs)
Drivers License

Processed by: David Lugo

Approved by Cemetery Manager: DL

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

E20198

Mt. Hope Cemetery
The City of San Diego, California

№ 6363

27-12016

DEED

For and In Consideration of the sum of --------Thirty-five and no/100-------- Dollars, receipt whereof is hereby acknowledged, the City of San Diego, through its City Manager, hereby grants to

Glenn Wolfe
4638 Ohio
San Diego 4, Calif.

the following described property situate and being in Mt. Hope Cemetery in the City of San Diego, in the County of San Diego, State of California, more particularly described as follows:

Lot one hundred fifty-eight (158) Grave three (3) Section three (3) Division six (6)

according to a map of said cemetery as surveyed under supervision of the City Engineer, San Diego, California

filed in the office of the County Recorder of San Diego County, on the ..... day of ..... 19....,

and recorded in Book ..... of Maps, Page ....; to be held for cemetery purposes, subject to the rules and regulations of the Cemetery Division of the Park Department now in force or hereafter to be adopted by said Cemetery Division or by the City Manager of the City of San Diego.

Said lot or parcel of land hereinabove described is granted with the express right in the grantee to perpetual care thereof by and at the expense of the Cemetery Division of the City of San Diego. It is expressly understood, however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, headstone, pavement, vault or any improvement of a like nature that is already, or may hereafter be erected or placed on said lot or plat or parcel of land, but that the said Glenn Wolfe and his representatives, executors, administrators, heirs and assigns shall at their own expense cause all such repairs to be made when needed and when requested to do so by the Park Director or the City Manager, as the case may be.

If no interment has been made in said lot or parcel of land then the grantee may resell the same subject to the rules and regulations of the Cemetery Division heretofore adopted and now in force, or subject to such rules and regulations which may hereafter be adopted by said Cemetery Division or the City Manager of The City of San Diego; such sales, however, shall be made only with the written consent of the City Manager or the Director of Parks, and upon a re-sale contrary to the provisions of this deed, or the rules and regulations hereinabove mentioned, said lot or parcel of land shall revert to the Cemetery Division of the Park Department of The City of San Diego.

If no interment has been made in said lot or parcel of land, then the same may be disposed of only pursuant to the provisions of the laws of the State of California, and the rules and regulations of the Cemetery Division of the Park Department of The City of San Diego.

In Witness Whereof, The City Manager of The City of San Diego has caused this deed to be executed by the Director of Parks of the said City, this 17th day of March 1949.

THE CITY OF SAN DIEGO

W. Allen Parry

Park Director

STATE OF CALIFORNIA, CITY OF SAN DIEGO, } ss.

On this 17th day of March 1949, before me Patrick J. Duffy

a Notary Public in and for said County, personally appeared W. Allen Parry known to me to be the Park Director of The City of San Diego, who acknowledged to me that he executed the same.

WITNESS my hand and official seal the day and year in this acknowledgment first above written.

FORM 374

Patrick J. Duffy

Notary Public in and for the County of San Diego, State of California.

My Commission Expires July 5, 1949

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At-need
non-res.

Date 4-30-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALICE MC CORMICK 226099

in a Double Crypt "A" (Type of Burial Container) Funeral, date, time Thurs. May 3, 2007 11:30

Church, Chapel, Graveside _____ Conrad Mortuary

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

will be applied and billed to undersigned. _____

Division 10 Section — Blk/Row — Lot 1160 Grave 1

Grave space & Care Fund C-8543 (1970)	-0-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup 2@708.-	1416.-
Burial Container	717.-
Handling Fees	604.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2@85.-	170.-
Sales taxes	55.57
Total Due	2962.57
Paid receipt number R-600054	2,962.57
Balance due	0

PAID

APR 30 2007

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 I hold under deed.

X [signature]
Signature

X FRED MCCORMICK
Print Name

X 7865 LAMSING DR.
Address

X LEMON GROVE, CA. 91945
City Zip Code

X 619-465-5536
Telephone

Invoice # _____

Work Order # E 20200

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E 20200

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 Double Crypt "A"

	~~[illegible]~~	DUELSON				
		WILLIAMS	X	McCORMICK		
		TAYLOR	WALKER	ANDERSON		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 5/1/07

Interment space for: Alice McCormick

Interment Date: Thurs. May 3 Time:

Div: 10 Sect: ~ Blk/Row: ~ Lot: 1160 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

E20200

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	BETTY	MCCORMICK	05/07/1931	04/30/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	FRED W. MCCORMICK, HUSBAND 7855 LANSING DRIVE 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	▶ [signature]	05/01/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	05/02/2007	▶ 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 BE 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 5/3/07	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

Pre-need Lot, Trust

Date 04-30-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Helen Adams 230837

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

Church, Chapel, Graveside _____ : _____ Mortuary

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

will be applied and billed to undersigned. _____

Division MAS Section C Blk/Row _____ Lot 4 Grave 5

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-00805	1,507.51
Balance due	2,000.-

PAID NOV 14 2008 MOUNT HOPE CEMETERY

F01531 Pd in full

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

Helen Adams
Signature

Helen Adams 230837
Print Name

749 Cotton Street
Address

San Diego 92102
City Zip Code

(619) 264-7522
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20201

REA-104 (3-04)

This information is available in alternative formats upon request.

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Mailed Coupons 5-3-07

E20201

OFFICIAL RECEIPT

[redacted]

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

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

P 01181

Date: March 24, 2008

From: Helen Adams Address: On file

One thousand no/00 Dollars ($ 1,000.00)

in _____ Payment of Pre need lot & trust

Div Masonic Sec C Blk/Row _____ Lot 4 Grave 5

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 500.02

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

MAR 24 2008

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	
20% Sales Care	77184	1,000 00
Pre-Need	63033	
Trust	77186	

100/77184

TOTAL PAID $ 1,000 00

[redacted]AL RECEIPT

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

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

P 01007

Date: 10/15, 2007

From: H. Adams Address: on file

One hundred Sixty-Six and 66/100 Dollars ($ 166.66)

in part Payment of 2 payments

Div MAS Sec C Blk/Row Lot 4 Grave 5

Invoice No. E-20201

Acct. No.

W.O.

BALANCE DUE $1500.02

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3235

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

PAID

OCT 12 2007

Paulette C.

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	166.66
Trust	77186	
TOTAL PAID	$	~~83.33~~ 166.66

AC-212 (11-05)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need Low Income Date 5-2-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martha Palmer 230842 p.00

in a Liner (Type of Burial Container) Funeral, date, time Friday May 4, 2007

Church, Chapel, Graveside _____ Preferred Mortuary.

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

will be applied and billed to undersigned _____

Division 11 Section 2 Blk/Row _____ Lot 10 Grave 3

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 (Rlf fee)	32.50
Recording/Filing/Transfer Fees	
Sales taxes	10.47
Total Due	1679.47
Paid receipt number R-60055	1679.47
Balance due	Ø

PAID
MAY - 2 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 Joseph Palmer
Signature

X 230841
X Joseph Palmer
First Name
X 1476 Bridgeview Dr
Address
X San Diego CA 92105
City Zip Code
X (619) 263-7731
Telephone

Invoice # _____

Work Order # E 20202 Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20202

Low Income

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

Mayfield		Cullen	X			

Flagged Yes ✓ **No**

Blind Check Initiated By: Paulette Date: 5-2-07

Interment space for: Martha Palmer

Interment Date: Fri. May 4, 2007 Time: _____

Div: 11 Sect: 2 Blk/Row: _____ Lot: 10 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 _____

E20202

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARTHA	-	PALMER	06/04/1933	04/25/2007	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	JOSEPH PALMER, SON 3523 CENTRAL AVENUE SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ Mark Sentous	05/02/2007

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 ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	05/02/2007	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-4-07	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.

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E20202

Revised February 2007

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: MARTHA Palmer

Address: 3523 Central AVE

City: S.D 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.

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program (initial)

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Joseph Palmer - Son — 5/2/07

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 SSA award letter

Current documents verified

Marie A. Doherty — 5/2/07 MFD

Approved by — Date

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

DIVERSITY

*** REC 2007120 130039 H69F5CE0 IJPU CIPQYAG PQAG (F-OUN) ***

SOCIAL SECURITY ADMINISTRATION

Date: April 30, 2007
Claim Number: 236-42-3741D

MARTHA L PALMER
3523 CENTRAL AVE
SAN DIEGO CA 92105-3316

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, yo may send them this letter.

Information About Current Social Security Benefits

Beginning December 2006, the full monthly
Social Security benefit before any deductions is.....$ 1060.20

We deduct $93.50 for medical insurance premiums each month.

The regular monthly Social Security payment is.....$ 966.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (Fo example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Other Important Information

THIS LETTER IS BEING FAXED TO YOU AT 619-527-3403 SENT BY B02

Type of Social Security Benefit Information

You are entitled to monthly benefits as a dependent of the wage earner.

E20808

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 619-557-5257. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1333 FRONT STREET
SAN DIEGO, CA 92101

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

Dianne C. Washington /AB
OFFICE MANAGER

E20202

CALIFORNIA
IDENTIFICATION CARD
B6664838
JOSEPH ERIN PALMER
CENTRAL AVE
SAN DIEGO CA 92105
SEX:M
HAIR:BLK
HT:5-09
WT:100
DOB:07-26-75
12/22/2006 519 F4 FD/12

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT need

Date 05/04/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ralpha Marin & 230840

in a Ash vault (Type of Burial Container) Funeral, date, time Mon, MAY 7, 2007

Church, Chapel, Graveside Delivery Only Smith Manor Grace Chapel 559-662-8825 Mortuary

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

will be applied and billed to undersigned. _____

Division NAS Section A Blk/Row _____ Lot 143 Grave 1

Grave space & Care Fund	A-6353 (1918) 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 P-00797	$510.06
Check # 8802 Balance due	0

PAID APR 20 2007 MOUNT HOPE CEMETERY

MORT FAX # 559-662-8551

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 unuer deed.

X _____ Signature

X _____ Print Name

X _____ Address

X See Attached Signature City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 20203 Acct. # _____

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

Printed on recycled paper

05/04/2007 12:20 SD MT. HOPE CEMENTERY → 915596628551 E20203 NO.090 P01

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT need

Date 05/04/07

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

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

Church, Chapel, Graveside Delivery Only Smith Manor Grace Chapel Mortuary 559-662-8825

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

will be applied and billed to undersigned ____

Division NAS Section A Blk/Row ____ Lot 343 Grave 1

Grave space & Care Fund	A-6353 <1918>	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 P-00797	$510.06
	Check # 8808 Balance due	0

PAID APR 20 2007 MOUNT HOPE CEMETE

MORT FOLK 559-662-8551

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 Joanna L. Fox
Signature

X Joanna Fox
Print Name

X 18716 Shore Drive
Address

X Madera CA 93638
City Zip Code

X 559-673-5703
Telephone

Invoice # ____

Work Order # E 20203

Acct. # ____

WEX 106 (3-04)

This information is available in alternative formats upon request.

E20203

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Luke, Paul & Bryan Martin

Write in the name of the deceased for which the grave is for in the block marked with "X". 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** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: _____

Interment Date: _____ Time: _____

Div: MASON Sect: A Blk/Row: ____ Lot: 143 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 _____

E20203

98

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RALPHA	MARIE	MARIN	05/12/1908	04/23/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MARIPOSA	MARIPOSA	JOANNA FOX - DAUGHTER 18716 SHORE DR MADERA CA 93638

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
SMITH MANOR GRACE CHAPEL 801 E YOSEMITE AVE, MADERA CA 93638	FD1697

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition listed herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$11.00	04/26/2007 ▶	BECKY CRAFTS

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 35, MARIPOSA CA 95338	P.O. BOX 85222, SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CENTRAL VALLEY CREMATORY 475 N BROADWAY, FRESNO CA 93728	12B. DATE CREMATED 4/26/7	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 4, 2007

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

in a Liner (Re-use old liner) (Type of Burial Container) Funeral, date, time May 11, 2007 1pm

Church, Chapel, Graveside Calvary Church : 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 144 Grave 8

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	Ø
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	64.07
Sales taxes	
Total Due	803.07
Paid receipt number	803.07
Balance due	Ø

PAID

MAY - 4 2007

MOUNT HOPE CEMETERY

Voided see E-20206

AP D6436A

D6436A

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

Christopher Hill
Print Name

32180 Calle Resaca St.
Address

Temecula CA 92592
City Zip Code

(619) 840-2191
Telephone

Invoice # _____

Work Order # E 20204

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

QUIT CLAIM TRANSFER

City of San Diego

Date May 4, 2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 227775
of Exchange from Childrens Hospital to Mt. Hope Cemetery

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 8 Section 2 Blk/Row _____ Lot 508 Grave 1

Grave space & Care Fund ..... –

Overtime/Late Arrival Fees ..... –

Opening/Closing & Setup ..... –

Burial Container Exchanged for ..... –

Handling Fees DIV 9, Sec 3, LOT 168, grave 1 ..... –

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

Recording/Filing/Transfer Fees ..... –

Sales taxes ..... –

No charge due to exchange of graves Total Due ..... –

Per David Lugo, Manager. 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 20205

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20205

FAX

Number of pages including cover sheet 8

Date Monday, February 26, 2007

****CONFIDENTIAL****

TO: David Lugo
Mt. Hope Cemetery

Phone 619-527-5473
Fax Phone 619-527-3403

FROM: Pat Cummings
Rady Children's Hospital Foundation
3020 Children's Way, MC 5005
San Diego, CA 92123
SUITE 503

Phone 858-966-5804
Fax Phone 858-467-1882

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

David,

As you can see from the paper trail attached, S.D. Police Officers' Assn. originally sent all the info to Children's Hospital in Denver by mistake.

Please call if you have any questions.

Thanks, Pat

LAW OFFICES

Castle & Krause

Richard H Castle, Jr.
Robert W. Krause
Maria Utens

28645 Old Town Front Street
2nd Floor
Temecula, CA 92590
Telephone (909) 694-8884
Fax (909) 699-8634
e-mail: castle1@gte.net

Please Reply To:
0555 N. "E" Street
San Bernardino
California 92401

December 21, 2001

9

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

RE: DONATION OF PLOT TO SAN DIEGO POLICE OFFICERS' ASSOCIATION LOT 508, SECTION 2, DIVISION/BLOCK 8

To Whom It May Concern:

Enclosed please find the Quitclaim Deed regarding the above captioned matter executed by Mr. Honczarenko.

Per my conversations with your office no further documentation is needed to facilitate Mr. Honczarenko's donation to the San Diego Police Officers' Association located at 8388 Vickers Street, San Diego, CA 92111.

Please advise this office upon completion of this transfer and let me know if I may be of further assistance. Thank you for your assistance in this matter

Very truly yours,

LAW OFFICES OF CASTLE & KRAUSE

Caren M. Smith
Paralegal

Enc.
Cc: T. Honczarenko
Bill Farrar, President of San Diego Police Officers' Association
/cms
C:\C&K\AAtty\RHC\Assoc\SDPOA\Donations\Child Plot 27-57\Hope Cemetery 011221.doc

E 20205

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

E-16838

OWNERSHIP AND INTERMENT PRIVILEGES

TO SAN DIEGO POLICE OFFICERS ASSOCIATION for the sum of $ -0- (DOLLARS)

LEGAL DESCRIPTION LOT 508, SECTION 2, DIVISION 8

AS DESCRIBED ON PURCHASE ORDER NUMBER E-16838

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

This information is available in alternative formats upon request.

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

U/527-3400

QUITCLAIM DEED

In consideration of donation

I/We TONY HONCZARENKO

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to

SAN DIEGO POLICE OFFICERS ASSOC.

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

Lot 508 Grave ____ Row ____ Section 2 Division/~~Block~~ 8 Baby Grave

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said _____, its successors and assigns forever.

WITNESS my/our hand this 10 day of December 2001

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:

Tony Honczarenko

William W. Ferrill

[illegible], Sr.

Witnesses

E20205

SAN DIEGO POLICE
OFFICERS ASSOCIATION

FACSIMILE TRANSMITTAL SHEET

TO: Charles Day	FROM: Kara Hawthorne
COMPANY:	DATE: 7/12/2006
FAX NUMBER: 858-467-1882	TOTAL NO. OF PAGES INCLUDING COVER: 4
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

6388 VICKERS STREET, SAN DIEGO, CA 92111
PHONE (858) 300-5865 • FAX (858) 573-1574
SDPOA.ORG • KLHAWTHORNE@SDPOA.ORG

SAN DIEGO POLICE OFFICERS ASSOCIATION INC.
8388 Vickers Street, San Diego, California 92111-2109
(858) 573-1199 Fax (858) 573-1574

Bill Nemec *President*
Steve McMillan *Vice President*
Tom Bostedt *Treasurer*
Tom Rhodes *Secretary*
Directors:
Bill Farrar
arles Hogquist
Paul Hubka
Robert Lewis
Paul Paxton

August 22, 2006

Children's Hospital Foundation
1245 E. Colfax Avenue
Suite 400
Denver, CO 80218
Fax Number 858-467-1882

RE: DONATION OF PLOT TO THE CHILDREN'S HOSPITAL FOUNDATION LOT 508, SECTION 2, DIVISION/BLOCK 8

To Whom It May Concern:

Please find forthcoming the Quitclaim Deed regarding the above captioned matter executed by Mr. Nemec.

Per my conversations with your office no further documentation is needed to facilitate Mr. Nemec's donation to the Children's Hospital Foundation located at 1245 E. Colfax Avenue, Suite 400, Denver, CO 80218.

Please advise this office upon completion of this transfer and let me know if I may be of any further assistance. Thank you for your assistance in this matter.

Very truly yours,

Bill Nemec
President

Cc: The City of San Diego
Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102

Affiliated with Peace Officers Research Association of California

HP LaserJet 3200se

D POLICE OFC ASN
58-573 1574
JUL-12-2006 13:45

invent

Fax Call Report

Job	Date	Time	Type	Identification	Duration	Pages	Result
836	7/12/2006	13:41:24	Send	918584671882	3:32	4	OK

SAN DIEGO POLICE
OFFICERS ASSOCIATION

FACSIMILE TRANSMITTAL SHEET

TO: Charlie Doy	FROM: Kara Hawthorne
COMPANY:	DATE: 7/12/2006
FAX NUMBER: 858-467-1882	TOTAL NO. OF PAGES INCLUDING COVER: 4
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	CODE FINANCIAL SECTION:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

[illegible] STREET, SAN DIEGO, CA [illegible]
PHONE [illegible] FAX [illegible]
[illegible]

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 05/07/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hattie Hill 208611

in a Double-Crypt A" (Type of Burial Container) Funeral, date, time Friday May 11, 2007 1pm

Church, Chapel, Graveside _____ : CA Burial 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 144 Grave 8

Grave space & Care Fund	E-16001 <10-17-2000>	Ø
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	2@ 533.- each	1066.-
Burial Container		539.-
Handling Fees		454.-
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	2@ 65.- each	130.-
Sales taxes		41.77
	Total Due	2230.77
Mort 2 pay	Paid receipt number R-60056	2230.77
	Balance due	Ø

PAID MAY 10 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.

230853

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

x Barbara J. Moore
Signature

x Barbara J. Moore
Print Name

x 6864 #1 Bear River Ave
Address

x San Diego, CA
City Zip Code

x 619-254 7325
Telephone

* Co-purchaser Paulette Christopher Hill E-20204

Invoice # _____

Work Order # E 20206

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20206

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"

						Abney
			Hill X		Sly	

Flagged Yes ✓ **No**

Blind Check Initiated By: Paul [illegible] C Date: 5-10-07

Interment space for: Hattie Hill

Interment Date: Friday May 11 Time: 1:00pm

Div: 12 Sect: 2 Blk/Row: ____ Lot: 144 Gr: 8

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20206

18

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	MAE	HILL	02/22/1929	05/03/2007	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	CHRISTOPHER HILL, SON 32180 CALLE RESACA 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
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	5/4/07

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	05/04/2007	WILMA WOOTEN, MD ▶

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

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 5-14-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Norris	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION *EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE* PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

At need
Reg. NON fee

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/07/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ka'Leyah Jenkins (Baby girl) 230861

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

Church, Chapel, Graveside Bishop Mortuary

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

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 2558 Grave 1

Grave space & Care Fund	188-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	237.-
Burial Container	133.-
Handling Fees	48.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	10.31
Total Due	701.31
Paid receipt number R-60063	701.31
Balance due	Ø

PAID
MAY - 9 2007
MOUNT HOPE CEMETERY

Mort. 2 Pay
Fax 619-466-4461

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 230860
Print Name

X
Address

X
City Zip Code

X
Telephone

Paulette

Invoice # _____

Work Order # E 20207

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20207

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

BURIAL CONTAINER O-Liner

			X			
					Harrington	
				Withers		

Flagged **Yes**_____ **No**_____

Blind Check Initiated By: _____ Date: _____

Interment space for: Ka'Leyah Jenkins

Interment Date: Friday May 11 Time: _____

Div: 9 Sect: 1 Blk/Row: _____ Lot: 2558 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 _____

City of San Diego

SAN DIEGO PARK & RECREATION DEPARTMENT
AMERICA'S FINEST

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 5-7-07	From: Paulette
To: Bishop - Gwen	Telephone #: (619) 527-3400
Telephone #: 4060-4462	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: 5-7-07	Time faxed to Mortuary: 12:25 pm
Burial fee amount due: $ 527.07	Burial service for: Ka'Leyah Jenkins
Due date of burial fee: Weds 9th 9 am	48-hour prior to service
Date of burial service: Friday May 11th	Time of burial service: unknown
Church Chapel Graveside	Location:
Prepared by: Paulette	Cemetery staff
Mortuary Approval (print name):	Gwen Mitchell
Signature from Mortuary Staff:	
Date faxed back to Mt. Hope Cemetery:	5/7/2007
Comments:	

E20207

1mos. 24 days

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KA'LEYAH	MONIQUE PORSHA	JENKINS	03/11/2007	05/05/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	BREIA THOMAS, MOTHER 706 PECOS STREET SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673	▶ Katrina Lamar	05/08/2007

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	05/09/2007	WILMA WOOTEN, MD ▶

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-11-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 05/07/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kisha Meyers 230844

in a DDCRYPT "A" (Type of Burial Container) Funeral, date, time Thursday May 10th 11:00

Church, Chapel, Graveside New Creation ; 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 82 Grave 7

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ $533.- each =	1066.-
Burial Container	539.-
Handling Fees R-60062 $178.-	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 @ $65.- each =	130.-
Sales taxes	41.77
Total Due	4494.77
Paid receipt number MAY - 9 2007 R-60058	4,494.77
Balance due	Ø

PAID

Mort. 2 Pay
fax 619-466-4461

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

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

Signature

Paulette

X 230843
Print Name
X
Address
X
City Zip Code
X
Telephone

Invoice # _____

Work Order # E 20208

Acct. # _____

REA-104 (3-04)

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E20208

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

27

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KISHA	MONIQUE	MEYERS	09/15/1979	05/02/2007	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	JENITA CANTOIS, MOTHER 3422 32ND STREET, APT.2 SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673	▶ Katrina Lamar	05/04/2007

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	05/04/2007	▶ 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
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	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

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E 20208

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
Res. fee

Date 05/07/07

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

in a DDCRYPT "A" (Type of Burial Container) Funeral, date, time Thursday May 10th 11:00

Church, Chapel, Graveside New Creation : 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 82 Grave 7

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ $533.- each =	1066.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 @ $65.- each =	130.-
Sales taxes	41.77
Total Due	4494.77
Paid receipt number	
Balance due	

Mort. 2 Pay
fax 619-466-4461

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

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

Signature

Paulette

X
Print Name
X
Address
X
City Zip Code
X
Telephone

Invoice # _____

Work Order # E 20208

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Quit Claim Transfer

Date May 4, 2007

227775

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Exchange from Mt. Hope Cemetery to Children's Hospital

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 9 Section 3 Blk/Row _____ Lot 168 Grave 1

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

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

Sales taxes ..... _____

No charge due to exchange of graves Per David Lugo, Manager.

Total Due ..... -0-

Paid receipt number _____ -0-

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 20209

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

5/8/07 mailed Deed to Children's Hospital.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/7/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Brown, Juan 230851

in a DD Crypt (Type of Burial Container) Funeral, date, time Friday May 11 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 12 Section 2 Blk/Row _____ Lot 160 Grave 8

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container DD Crypt	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number R-60061	3896.77
Balance due	0

PAID
MAY - 9 2007
MOUNT HOPE CEMETERY

Mortuary to pay

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

230856

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

Joseph Brown
Signature

Joseph Brown
Print Name

4349 Rosebud Ln.
Address

La Mesa C.A. 91941
City Zip Code

(619) 203-0357
Telephone

Invoice # _____

Work Order # E 20210

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20210

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 5/7/07

CALL TAKEN BY: Paulette 10:19 AM

RECEIVED CALL FROM:

☒ MORTUARY NAME: Anderson-Rogstule
☒ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: Daughter 328-0291
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED:

NAME OF DECEASED:

LAST NAME: Brown
FIRST NAME: Juan 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: Service not

E20210

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

		Encinas			Johnson	
			X			

Flagged **Yes** ✓ **No** _____

Blind Check Initiated By: Paulette Date: 5-10

Interment space for: Brown, Juan

Interment Date: Friday May 11 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 160 Gr: 8

Grave Laid out by: Norman Fie

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20210

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

61

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JUAN	RAY	BROWN	08/29/1945	05/02/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	JOSEPH BROWN, SON 4349 ROSEBUD LANE, #C LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sunnita Pryor	05/08/2007

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	05/08/2007	WILMA WOOTEN, 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 MSRKET STREET, SAN DIEGO,CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

LOW-INCOME Date 05-07-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELLA MAE HUDSON 230848

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

Church, Chapel, Graveside ; Anderson-Rodgstale Mortuary.

All Funeral cars 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 3

Grave space & Care Fund	1,132 —
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-60065	1679.47
Balance due	Ø

PAID

MAY 14 2007

MOUNT HOPE CEMETERY

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

230847

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

X [signature]
Signature

X Regina Jackson
Print Name

X 3230 Clay Ave
Address

X San Diego, CA 92113
City Zip Code

X (619) 549-9427
Telephone

Invoice # _____

Work Order # E 20211

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20211

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

MELENDE			X			
				LOETHBRIDGE		

Flagged **Yes** _____ **No** ✓

Blind Check Initiated By: Paulette Date: 5/10

Interment space for: Ella Mae Hudson

Interment Date: 5/16/07 Time: 1:00pm

Div: 11 Sect: 2 Blk/Row: _____ Lot: 12 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 _____

E20211

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
ELLA	MAE	HUDSON	09/27/1937	05/03/2007	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	MAXINE ROBINSON, DAUGHTER 3232 CLAY 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	▶ Sennella Pryor	05/10/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	05/10/2007	▶ WILMA WOOTEN, 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 5-16-07	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

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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.)

E20211

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: Ella Mae Hudson

Address: 3230 Clay Ave

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.

X Marie Robinson — 5-7-07

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 G. Doorenly — 5/7/07

Approved by — Date

Current 5/7/07 documents verified on: SSA Award & Scripps pension plan

Approved By MPS

Date 5/7/07

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

E20211

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.

E 20211

CALIFORNIA
SENIOR CITIZEN IDENTIFICATION CARD
60081111
ELLA MAE HUDSON
3230 CLAY AVE
SAN DIEGO CA 92113
SEX:F
HAIR:BLK
EYES:BRN
HT:5-03
WT:247
DOB:09-27-37
07/06/2005 613 A1 F0/14

E 20

Please send all correspondence to:

The Northern Trust Company
BPS-CSS
P.O. Box 92963
Chicago IL 60607

1-312-557-9700

7280/SCI-03ALEXAN

On the reverse side of this document, you will find: Electronic Deposit Authorization, Address Correction Form, Important Federal Tax Election Notice.

EARNINGS STATEMENT

THE SCRIPPS RESEARCH INSTITUTE
PENSION PLAN

Check Number	Payable Date	Reference Number	ID Number	Client / Plan
0023491088	05-01-2007	000000040		7280/SCI

002059 BNN 00031B
ELLA HUDSON
3230 CLAY AVE
SAN DIEGO CA 92113-1512

IMPORTANT NOTES

EARNINGS	THIS PERIOD	YEAR-TO-DATE
BENEFIT	$84.27	$421.35
GROSS PAY	$84.27	$421.35
DEDUCTIONS	**THIS PERIOD**	**YEAR-TO-DATE**
TOTAL DEDUCTIONS	$0.00	$0.00
NET PAY	$84.27	

WITHHOLDING ELECTIONS
CURRENT FEDERAL WITHHOLDING ELECTIONS
No Withholding
CURRENT CA STATE WITHHOLDING ELECTIONS
No Withholding

7280/SCI

Federal Tax Election Form (please complete only one of the following)

1) ☐ *I do not want Federal income tax withheld from my payment.*
2) ☐ I want to have Federal income tax withheld from my payment based on the elections I have indicated below:
   ☐ Single ☐ Married ☐ Head of Household # of Exemptions____
   Additional Amount Withheld $ _____

CA State Tax Election Form (please complete only one of the following)

1) ☐ I do not want State income tax withheld from my payment.
2) ☐ I want to have State income tax withheld from my payment based on *the elections I have indicated below:*
   ☐ Single ☐ Married ☐ Head of Household # of Exemptions____
   Additional Amount Withheld $_____
3) ☐ 10% of Federal.
   If this option is chosen, federal withholding must be requested.

Under penalties of perjury, I certify that I am entitled to the above elections.
Requests for flat dollar amount withholding, or any election options that are not consistent with those which are stated on this form will not be processed.

Required Signature _____ Date ____/____/____

BENEFICIARY'S NAME:

ELLA M HUDSON

E20021

Your Social Security benefits will increase by 4.1 percent in 2006, 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 $731.00
- The amount we are deducting for Medicare is $0.00
  (If you did not have Medicare as of Nov. 20, 2005, or if someone else pays your premium, we show $0.00.)
- The amount we are deducting for voluntary federal tax withholding is $0.00
  (If you did not elect voluntary federal tax withholding as of Nov. 20, 2005, we show $0.00.)
- After taking any other deductions, we will deposit $731.00 into your bank account on Jan. 3, 2006.

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

What If I Have Questions?

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

1333 FRONT STREET
SAN DIEGO CA

BNC#: 05B1184D77692

Over ➤

317992*CULA*SM*V01*L009

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

SOCIAL SECURITY ADMINISTRATION
WESTERN PROGRAM SERVICE CENTER
PO BOX 2072
RICHMOND CA 94802-1779

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

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

317992**********AUTO** 5-DIGIT 92113
ELLA M HUDSON
3230 CLAY AVE
SAN DIEGO CA 92113-1512

Pre need
lot/trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Benita Salis P. 230845

in a Double-Depth A&B (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside Mortuary.

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

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row Lot 69 Grave 4

Grave space & Care Fund	2264.—
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	4494.77
Paid receipt number P-00820	800.00
Balance due	3694.77

Paid in full 5/18/09

PAID MAY 18 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.

X Benita Salis P.
Signature

Paulette/David

X Benita Salis 230845
Print Name

X
Address

X 2095 Vialas Cumbres #3
City Zip Code

X San Diego, CA. 92111
Telephone

Invoice # _____

Work Order # E 20212

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20212

AARON PEREZ

Norma Dolores Barrientos

Angel Federico PEREZ

~~Alma Perez~~

Alma Nora Perez

Ana Verónica Perez

Melody Perez

ROGER TAYLOR

ISAACITAYLOR

FRANK BARRIENTOS

EMELY BARRIENTOS

ALISSA CASTRO

LILIANA BARRIENTOS

Jr JUAN ANTONIO BARRIENTOS

LINDA BARRIENTOS

SAMANTHA PEREZ

SAMUEL PEREZ

~~ANGEL Jr PEREZ~~

ANGEL Federico PEREZ Jr

E 20212

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 9th day of May, ~~19~~ 2007, between Benita Salis P., 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 69, Grave 4, Row ____, Section 2, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $ 4,494.77, payable as follows: $ 800.00 cash herewith, the receipt of which is hereby acknowledged; $ 153.45 on the 15th day of June, ~~19~~2007; and the balance in installments of $ 153.92 or more, payable at the office of Mt. Hope Cemetery, on the 15th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

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

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

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

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

E 20212

WITNESS our hands this day and year above written.

TOTAL $ 4,494.77

DOWNPAYMENT $ 800.—

23 MONTHS $ 153.95

FINAL 24 MONTH $ 153.92

TWO YEAR CONTRACT

I agree to pay the required monthly payments of $ 153.95 for 23 months. Final payment to be $ 153.92 on the 24 month.

First monthly payment to begin on:

MONTH June

YEAR 2007

Purchaser's Signature Benita Solis

PURCHASER PHONE 858 278-2432

Benita Solis P.
Print Name

Benita Solis P.
Signature

2095 VIA LAS CUMBRES #3
Street Address (Mail)

SAN Diego . CA. 92111
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Paulette C.

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

E20212

OFFICIAL RECEIPT

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

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

P00899

Date: July 17, 2007

From: Benita Solis Address: 2095 Via Las Cumbres #3 SD 92113

One hundred fifty-three 95/00 Dollars ($ 153.95)

in part Payment of Pre-need lot, trust, coupon #2

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE $3,386.87

297814457

☑ Pre-Need Lot ☑ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check

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

PAID

JUL 17 2007

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	153.95
Trust	77186	
TOTAL PAID	$	153.95

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

OFFICIAL RECEIPT

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

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

P00867

Date: 6/18, 2007

From: Benita Solis Address: 2095 Via Las Cumbres #3, SD CA 92111

One hundred fifty-three and 95/00 Dollars ($ 153.95)

in part Payment of Pre-need lot, trust first payment.

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE $ ~~640.05~~ 3,540.82

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2095

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

PAID

JUN 18 2007

MOUNT HOPE CE...

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	153.95
Trust	77186	
TOTAL PAID	$	153.95

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

OFFICIAL RECEIPT

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

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

P00820

Date: May 4, 2007

From: Benita Solis P. Address: 2095 Via Las Cumbres #3 SD CA 92111

EIGHT Hundred and 00/00 Dollars ($ 800 -)

in part Payment of Pre-need down payment on lot, trust.

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE $ 3,694.77

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check

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

PAID

MAY - 9 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	800 -
Trust	77186	
TOTAL PAID	$	800 -

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

E20212

OFFICIAL RECEIPT

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

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

P 01005

Date: 10/15, 2007

From: Benita Solis Address: 2095 Via Las Cumbres #3 SD CA 92111

One hundred fifty-three 95/00 Dollars ($ 153.95)

in Part Payment of Pre-need lot trust Coupon #5

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE $ 2,925.02

#266071036

☑ 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
OCT 15 2007
MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	153.95
Trust	77186	
TOTAL PAID	$	153.95

OFFICIAL RECEIPT

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

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

P 00975

Date: 9-19, 2007

From: BENITA P. SOLIS Address: 2095 VIA LAS CUMBRES #3 SD. CA 92111

ONE HUNDRED-FIFTY THREE & 95/100 Dollars ($ 153.95)

in PARTIAL Payment of PRE NEED LOT & TRUST

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. 230845

Acct. No. E-20212

W.O.

BALANCE DUE $078.97

1007106

☐ 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
SEP 19 2007
MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	153.95
Trust	77186	
TOTAL PAID	$	153.95

OFFICIAL RECEIPT

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

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

P00932

Date: 8-16, 2007

From: Benita P. Solis Address: 2095 Via Las Cumbres #3 SD 92113

One hundred fifty-three 95/00 Dollars ($ 153.95)

in Part Payment of Pre-need lot, trust. Coupons 3

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE $ 3232.92

297813696

☑ 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
AUG 16 2007
MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	153.95
Trust	77186	
TOTAL PAID	$	153.95

E20212

OFFICIAL RECEIPT

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

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

P 01113

Date: 1/18, 20 08

From: Benita B Solis Address: on file

One hundred fifty three 95/100 Dollars ($ 153.95)

in part Payment of

Div 12 Sec 1 Blk/Row ~ Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE $ 2,463.17

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check

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

PAID

JAN 18 2008

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	153	95
Trust	77186		
TOTAL PAID	$	153	95

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

OFFICIAL RECEIPT

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

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

P 01071

Date: 12-17, 20 07

From: BENITA SOLIS Address: 2095 VIA LAS CUMBRES

ONE HUNDRED-FIFTY THREE & 95/100 Dollars ($ 153.95)

in PARTIAL Payment of PRE NEED LOT & TRUST

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No.

Acct. No. E20212

W.O.

BALANCE DUE $ 2617.12

46CR1765

☐ Pre-Need Lot ☒ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check

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

PAID

DEC 17 2007

MOUN

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	153	95
Trust	77186		
TOTAL PAID	$	153	95

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

OFFICIAL RECEIPT

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

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

P 01045

Date: 11-16, 20 07

From: BENITA SOLIS Address:

ONE HUNDRED-FIFTY THREE & 95/100 Dollars ($ 153 95)

in PARTIAL Payment of PRE NEED LOT & TRUST

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No.

Acct. No. E20212

W.O.

BALANCE DUE 2771.07

47476009

☐ Pre-Need Lot ☒ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check

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

PAID

NOV 16 2007

MOUNT HOPE CEM

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	153	95
Trust	77186		
TOTAL PAID	$	153	95

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

E20212

OFFICIAL RECEIPT

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

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

P 01135

Date: 2-14, 20 08

From: BENITA SOLIS Address: 2045 VIA LAS CUMBRES #3 S.D. 92111

ONE HUNDRED - FIFTY THREE & 95/ Dollars ($ 153 95)

in PARTIAL Payment of PRE-NEED LOT & TRUST

Div -2 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E20212

Acct. No. 230845

W.O.

BALANCE DUE 2309.22

☐ Pre-Need Lot ☒ Money Order 2915893957

☐ Pre-Need Trust ☐ Charge

☐ Check

AD-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 14 2008

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	153	95
Trust	77186		
TOTAL PAID	$	153	95

E20212

OFFICIAL RECEIPT

[redacted]

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

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

P 01243

Date: 5/16, 2008

From: Benita P. Solis Address: on file

Dollars ($ 153.95)

in Part Payment of PN lot/trust, Coupon #12

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE $1,847.37

☑ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 77836 2108

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 16 2008
MOUNT HOPE CEMETERY

ISSUED BY PC

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	83033	153 95
Trust	77186	
TOTAL PAID	$	153 95

OFFICIAL RECEIPT

[redacted]

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

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

P 01208

Date: 4-16, 2008

From: Benita P. Solis Address: on file

Dollars ($ 153.95)

in part Payment of Pre-need lot/trust coupon #13

Div 12 Sec Blk/Row — Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE $ 2,001.32

☑ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check DC 1647 4158

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
APR 16 2008
MOUNT HOPE CEMETERY

ISSUED BY P.C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	83033	153 95
Trust	77186	
TOTAL PAID	$	153 95

OFFICIAL RECEIPT

[redacted]

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

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

P 01170

Date: 3/17, 2008

From: Benita Solis Address: 2095 Via Las Cumbres #3 SD CA 92111

One hundred fifty-three 95/00 Dollars ($ 153.95)

in part Payment of Pre need lot trust Coupon 10

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E 20212

Acct. No.

W.O.

BALANCE DUE $ 2155.27

306694500

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

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

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

PAID
MAR 17 2008
MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	83033	153 95
Trust	77186	
TOTAL PAID	$	153 95

E20212

OFFICIAL RECEIPT

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

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

P 01366

Date: 8/19, 20 08

From: Benita P. Solis Address: On file

One hundred fifty-three 95/00 Dollars ($ 153.95)

in part Payment of Pre-need lot & trust, coupon # 15

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE $1,385.32

#1160702336

☒ Pre-Need Lot ☒ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check

AC-212 (11-06)
This information is available in alternative formats upon request.

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

RECEIVED
AUG 19 2008
By

ISSUED BY Paulette C.

CREDIT	67007	144.90
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
100/77184		9.05
TOTAL PAID	$	153.95

OFFICIAL RECEIPT

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

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

P 01315

Date: 7-15, 20 08

From: BENITA SOLIS Address:

ONE HUNDRED FIFTY THREE & 95/100 Dollars ($ 153.95)

in PARTIAL Payment of PRE NEED LOT & TRUST

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. 230845

Acct. No. E20212

W.O.

BALANCE DUE 1539.47

☒ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check

AC-212 (11-06)
This information is available in alternative formats upon request.

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

PAID
JUL 15 2008
MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	153.95
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	153.95

OFFICIAL RECEIPT

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

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

P 01276

Date: 6/16, 20 08

From: Benita Solis Address: on file

Dollars ($ 153.95)

in Payment of Pre need Trust

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No.

Acct. No.

W.O.

BALANCE DUE 1,693.42

☐ Pre-Need Lot ☒ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check

AC-212 (11-06)
This information is available in alternative formats upon request.

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

PAID
JUN 16 2008
MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	153.95 ✓
20% Sales Care	77184	~~153.95~~
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	153.95

OFFICIAL RECEIPT

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

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

P01539 ✓

Date: November 19, 20 08

From: Benita P. Solis Address: On file

One hundred, fifty-three 95/00 Dollars ($ 153.95)

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

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE $ 923.67

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check

AC-212 (2-08)

1159003968

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

RECEIVED
NOV 19 2008
By

ISSUED BY Paulette C.

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	153.95
Pre-Need Trust	63033 77186	
TOTAL PAID	$	153.95

OFFICIAL RECEIPT

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

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

P 01441

Date: 10/16, 20 08

From: Benita P. Solis Address: on file

One hundred fifty three and 00 Dollars ($ 153 —)

in part Payment of Pre-need lot/trust, Coupon #17

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE $ 1,078.57

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

1160703380 ☒ Check

AC-212 (11-08)

This information is available in alternative formats upon request.

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

PAID
OCT 15 2008
MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT 20% Sales Care	67007 77184	
Pre-Need Trust	63033 77186	
100/77184		153.95
TOTAL PAID	$	153.95

OFFICIAL RECEIPT

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

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

P 01401

Date: 9-16, 20 08

From: BENITA SOLIS Address: 2095 VALLES CUMBRES #3 S.D. CA. 92111

ONE HUNDRED-FIFTY THREE $ 95/100 Dollars ($ 153.95)

in PARTIAL Payment of LOT & TRUST

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. 230845

Acct. No. E20212

W.O.

BALANCE DUE 1231.57

1159002941

☑ Pre-Need Lot ☑ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check

AC-212 (11-08)

This information is available in alternative formats upon request.

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

PAID
SEP 16 2008
MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
Pre-Need Trust	63033 77186	
100/77184		
TOTAL PAID	$	153.95

OFFICIAL RECEIPT

[redacted]

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

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

P01575

Date: 12/16, 20 08

From: Benita Solis Address: On file

One hundred fifty three — 95/100 Dollars ($ 153.95)

in Partial Payment of Pre-need Lot & Trust

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE

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

AC-212 (2-08)

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

PAID
DEC 16 2008
MOUNT HOPE CEMETERY

ISSUED BY C Maria

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	153 95
Pre-Need Trust	63033 77186	
TOTAL PAID	$	153 95

OFFICIAL RECEIPT

[redacted]

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

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

P01615

Date: 1/16, 20 09

From: Benita P. Solis Address: on file

One hundred fifty-three and 95/100 Dollars ($ 153.95)

in part Payment of Pre-need lot coupon # 20

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E20212

Acct. No.

W.O.

BALANCE DUE $ 1016.72

☐ Pre-Need Lot ☐ Money Order
☐ Pre-Need Trust ☐ Charge
☒ Check
1160704780

AC-212 (2-08)

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

PAID
JAN 16 2009
MOUNT HOPE CEMETERY

ISSUED BY P Aulette

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	153 95
Pre-Need Trust	63033 77186	
TOTAL PAID	$	153 95

OFFICIAL RECEIPT

[redacted]

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

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

P01642

Date: 2/12, 20 09

From: B. Solis Address: on file

One hundred fifty-three 95/100 Dollars ($ 153 95)

in part Payment of Pre-need

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E 20212

Acct. No.

W.O.

BALANCE DUE $462.717
#1160705286

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

AC-212 (2-08)

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

PAID
FEB 12 2009
MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	153 95
Pre-Need Trust	63033 77186	
TOTAL PAID	$	153 95

OFFICIAL RECEIPT

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

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

P01751

230845

Date: May 18, 2009

From: Benita Solis Address: 2095 Via las Cumbres #3 SD 92111

One hundred fifty three and 92/xx Dollars ($ 153.92)

in Full Payment of Pre need Lot and trust

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE -0-

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

AC-212 (2-08)
This information is available in alternative formats upon request.

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

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	153 92
Pre-Need Trust	63033 77186	
TOTAL PAID	$	153 92

OFFICIAL RECEIPT

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

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

P01717

Date: 4/16, 2009

From: Benita Solis Address: on file

One Hundred fifty-three 95/00 Dollars ($ 153.95)

in Part Payment of Pre-need Lot/Trust. coupon # 23

Div 12 Sec 1 Blk/Row Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE $ 153.92

#1167009523

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

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
APR 16 2009
MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	153 95
Pre-Need Trust	63033 77186	
TOTAL PAID	$	153 95

OFFICIAL RECEIPT

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

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

P01682

Date: 3/18, 2009

From: B. Solis Address: on file

One hundred fifty-three 95/00 Dollars ($ 153.95)

in Part Payment of Pre-need Lot/Trust. #22 Coupon

Div 12 Sec 1 Blk/Row — Lot 69 Grave 4

Invoice No. E-20212

Acct. No.

W.O.

BALANCE DUE $ 308.82

#1159009979

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

AC-212 (2-08)
This information is available in alternative formats upon request.

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

RECEIVED
MAR 18 2009
By

ISSUED BY Paulette

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	153 95
Pre-Need Trust	63033 77186	
TOTAL PAID	$	153 95

E20212

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR, VIA PURCHASING IF PAYMENT FOR MATERIALS OR SUPPLIES, ORIG. DEPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

DP 3821541

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

TRANSFER OF FUNDS FROM THE CEMETERY PRE-NEED TRUST INTO THE GENERAL FUND FOR THE SALE OF CEMETERY LOTS (FUND 100-ACCT 77184). WHEN A CEMETERY LOT IS PURCHASED, 20% OF THE SALE PRICE IS DEPOSITED INTO FUND 67007,ACCOUNT 77184 AND 80% OF THE LOT PRICE IS DEPOSITED INTO THE GENERAL FUND, ACCOUNT 77184, ALL OTHER SERVICES ARE DEPOSITED INTO FUND 63033, ACCOUNT 77186 WHEN THE SERVICES ARE ON A PRE-NEED BASIS. ON THIS CONTRACT, ALL INITIAL PAYMENTS WERE DEPOSITED INTO THE PRE-NEED TRUST (FUND 63033). THIS INTERFUND TRANSFER

COMMENTS and/or SPECIAL INSTRUCTIONS: IS MADE TO CORRECT THAT ERROR.

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE DEPT. NO. 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

PAYMENT DATE 05 / 26 / 2009

FUND OVERRIDE ☐

PAYEE	SEQ	PAYEE FORMAT	VENDOR NUMBER & ALPHA NAME ADDRESS CITY — STATE — ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
			Interfund Transfer					-0-		

TOTAL AMOUNT $ -0-

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTING LINE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		100			77184					(416.63)
		63033	63033		4226					416.63

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

Maria Flor Popoca

DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY: Paulette Crawford CAII | PHONE: x73400 | DATE: 05/18/2009 | DEPT./ DIV. NAME: Park/Rec - CPI | M.S. 072 #

DP

AC-488 (REV. 5-86) 593525

E20212

Pin: 230845 | Monthly Payments: $ 153.95 | E- 20212

*** MUST DO A INTERFUND TRANSFER AFTER PRE-NEED IS PAID -- FROM FUND 63033 TO 100/77184 FOR $416.63

Name	Address	Zip Code	Amount
SOLIS, BENITA	2095 VIA LAS CUMBRES #3	92111	$ 4,494.77

DIVISION 12 | SECTION 1 | LOT 69 | GRAVE 4

					PERPETUITY 67007	LOT 100/77184	PRE-NEED 63033
	Opened Pre-Need Lot & Trust Trust include: (2) O/C, DD Crypt, H/F, (2) R/F		Receipt #	Payment	$452.80	$1,811.20	$2,230.77
5/8/2007	Downpayment		P-00820	$800.00			$800.00 $1,430.77
6/18/2007	Coupon #	1	P-00867	$153.95			$153.95 $1,276.82
7/17/2007	Coupon #	2	P-00899	$153.95			$153.95 $1,122.87
8/16/2007	Coupon #	3	P-00932	$153.95			$153.95 $968.92
9/19/2007	Coupon #	4	P-00979	$153.95			$153.95 $814.97
10/15/2007	Coupon #	5	P-01009	$153.95			$153.95 $661.02
11/16/2007	Coupon #	6	P-01045	$153.95			$153.95 $507.07
12/17/2007	Coupon #	7	P-01071	$153.95			$153.95 $353.12
1/18/2008	Coupon #	8	P-01113	$153.95			$153.95 $199.17
2/14/2008	Coupon #	9	P-01135	$153.95			$153.95 $45.22
3/17/2008	Coupon #	10	P-01170	$153.95			$153.95 ($108.73)
4/16/2008	Coupon #	11	P-01208	$153.95			$153.95 ($262.68)
5/6/2008	Coupon #	12	P-01243	$153.95			$153.95 ($416.63)
6/16/2008	Coupon #	13	P-01276	$153.95	$153.95 $298.85		
7/15/2008	Coupon #	14	P01315	$153.95	$153.95 $144.90	$1,811.20	
8/19/2008	Coupon #	15	P-01366	$153.95	$144.90 $0.00	$9.05 $1,802.15	
9/16/2008	Coupon #	16	P-01401	$153.95		$153.95 $1,648.20	
10/15/2008	Coupon #	17	P-01441	$153.95		$153.95 $1,494.25	
11/19/2008	Coupon #	18	P-01539	$153.95		$153.95 $1,340.30	
12/16/2008	Coupon #	19	P-01575	$153.95		$153.95 $1,186.35	
1/16/2009	Coupon #	20	P-01615	$153.95		$153.95 $1,032.40	
2/12/2009	Coupon #	21	P-01642	$153.95		$153.95 $878.45	
3/18/2009	Coupon #	22	P-01682	$153.95		$153.95 $724.50	
4/16/2009	Coupon #	23	P-01717	$153.95		$153.95 $570.55	
5/18/2009	Coupon #	24	P-01751	$153.92	$0.00	$153.92 $416.63	($416.63)
5/19/2009	DP 3821541		INTERFUND TRANSFER	$416.63	$0.00	416.63 $0.00	($416.63) $0.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need trust

Date 05/08/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Joe Bradley

in a DD casket (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 36 Grave 10

Grave space & Care Fund E-18824 (11-2004)	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 P00814	120.-
Balance due	478.-

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

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

Signature

Print Name See attached

Address 5352 Santa Maria Terr.

City SD CA Zip Code 92114

Telephone 619 262-9011

Invoice #

Acct. #

Paulette

Work Order # E 20213

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20213

JOE BRADLEY
5352 SANTA MARIA TER
SAN DIEGO, CA 92114

90-3868/1222
0801393480

2522

DATE MAY 08, 2007

PAY TO THE ORDER OF Mt Hope Cemetery $ 120.00

ONE HUNDRED TWENTY Dollars AND 00 DOLLARS

San Diego National Bank
Euclid Office
5100 Federal Boulevard
San Diego, California 92105

MEMO BURIAL COST

⑆122238682⑆ 0801393480⑈ 2522

OFFICIAL RECEIPT

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

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

P00814

Date: May 8, 20 07

From: Joe Bradley Address: 5352 Santa Maria Ter. SD CA 92114

One Hundred, twenty — Dollars ($ 120.—)

In part Payment of Pre-need trust, opening/closing, recording fee

Div 12 Sec 2 Blk/Row Lot 36 Grave 10

Invoice No.

Acct. No.

W.O.

BALANCE DUE 8478.—

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 2522 ISSUED BY Paid

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

PAID

MAY - 8 2007

MOUNT HOPE CEMETERY

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

AC-212 (11-06)
The information is available in alternative formats upon request.

E20214

Preneed Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/9/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pre-need Trust self

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 3 Blk/Row Lot 146 Grave 4

Grave space & Care Fund	E-15648	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	$533 x 2	1,066.00
Burial Container		539.00
Handling Fees		454.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	(2) 65 x 2	130.00
Sales taxes		41.77
	Total Due	2,230.77
	Paid receipt number P-00818	1,000.00
	Balance due	1,230.77

PAID
MAY 30 2007
MOUNT HOPE CEMETERY

Pd in full P00843

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

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

Signature: Asawyer

Print Name: Augusta Sawyer

Address: 3067 1/2 J

City: S. D. Ca Zip Code: 92102

Telephone: 619 696 0914

Invoice # 217851

Work Order # E 20214

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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Pin 217851 E-20214

Sawyer, Augusta 3067-1/2 J Street, SD CA 92102 619-696-0914

DIV 12 SEC 3 LOT 146 GRAVE 4

		DEBIT	CREDIT	BALANCE
5/9/07	Opened pre-need trust for two DD Crypt Burials. Trust includes: 2 O/c $1066, b/c $539, h/f $454 2 r/f $130, tax $41.77 P-00818.	2,230.77		2,230.77
			$1,000.00	1,230.77
5/30/07	P-00843 Paid-in-full		1,230.77	0

PAID

MAY 30 2007

MOUNT HOPE CEMETERY

E 20214

OFFICIAL RECEIPT

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

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

P00818

Date: May 9, 20 07

From: Augusta Sawyer Address: 3067 1/2 J ST SD 92102

Dollars ($ 1,000.00)

in _____ Payment of Pre-need Trust Down Payment

Div 12 Sec 3 Blk/Row _____ Lot 146 Grave 4

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 9,230.77

* Will pay next month

☐ 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 - 9 2007

MOUNT HOPE CEMETERY

ISSUED BY Maria D.

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	1,000	00
Trust	77186		
TOTAL PAID	$	1,000	00

AUGUSTA SAWYER
3067 1/2 J ST
SAN DIEGO, CA 92102-4129
(619) 696-0914

390

90-7162/3222

may 9 07 DATE

PAY TO THE ORDER OF Mt. Hope $ 1,000.00

One Thousand ——— DOLLARS

Washington Mutual

Washington Mutual Bank, FA
San Diego-Imperial Marketplace Financial Center 1257
4415 Imperial Avenue, Suite A
San Diego, CA 92113
1-800-788-7000
24 Hour Customer Service

FOR _____

Augusta Sawyer

⑆322271627⑆ 3800693728⑈ 0390

©IMPLANO 2000

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Quit Claim

Date 5-9-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of to Maria Luisa Corral

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 3495 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	65.–
Sales taxes	
Total Due	65.–
Paid receipt number Visa AP669187	65–
Balance due	Ø

PAID
MAY - 9 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.

Maria Luisa Corral
Signature

Maria L. Corral
Print Name

3117-9 Ocean View Bl
Address

San Diego Ca 92113
City Zip Code

(619) 595-0698
Telephone

Invoice # _____

Work Order # E 20215

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20215

THE CITY OF SAN DIEGO

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

Date: 5-9-07

I/We Maria Araujo

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Maria Luisa Corral
Street Address: 3117-9 Oceanview Blvd Apt / Unit #:
City: S.D. ST: CA Zip-Code: 92113
Telephone #: (619) 595-0698

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): 3495 Grave(s): ——

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

WITNESS my/our hand this 9th day 5 09

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

X Owner
WITNESS

Maria Araujo
Legal Owner / Reprehensive Signature

X
WITNESS

Legal Owner / Reprehensive Signature

Paulette Crawford
CEMETERY REPREHENSIVE NAME

Paulette Crawford
Cemetery Reprehensive Signature

E 20215

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

No. 20290

DATE May 29 1973

FROM Aurora A. Story ADDRESS 3128 Collier Ave. S.D.

One hundred sixty five and no/100 — DOLLARS ($ 165.00)

IN full PAYMENT OF Pre-need lot

Changed to Daughter 6/22/87 - DWS

LOT 3495 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Cash

W.O. D-31414

UNPAID BALANCE AFTER THIS PAYMENT 0

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

PAID
MAY 29 1973
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY [illegible]

CREDIT SALES CARE	306 951	82	50
HALF SALES OF LOTS	100 7784	82	50
OPENINGS	100 7781		
BOXES	100 7782		
REMOVALS FOUNDATIONS	100 7783		
TOTAL PAID $		165	00

FORM AC-212

E 20215

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11416

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Maria Araujo for the sum of $ 165.00 (DOLLARS)

LEGAL DESCRIPTION lot 3495, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-3144

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

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

Regulation flush marker only
12X24X03 - Granite

Cemetery Manager 6/22/87

Property Director

PY-504

20215

6862

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Aurora ~~Araujo~~ Araujo Story for the sum of $ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 3495 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-3144

Name Change to Daughter 6/22/87

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

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

Regulation flush marker only

R. W. Dehne
Cemetery Manager

W. L. MacFarlane
Property Director

PW-584 (REV. 12-72)

886

MARIA ARAUJO
3241 - LOGAN AVE
S. D. C.

1

E20215

CALIFORNIA
DRIVER LICENSE
A6949370
CLASS:C
MARIA LUISA CORRAL
3113 OCEAN VIEW BLVD
SAN DIEGO CA 92113
SEX:F
HAIR:BRN
EYES:BRN
HT:5-05
WT:129
DOB:06-21-66
05/01/2003 013 A3 F0/08

E20215

CALIFORNIA
DRIVER LICENSE
EXPIRES:04-05-10
E0367812
CLASS:C
MARIA ARAUJO
3243 LOGAN AVE
SAN DIEGO CA 92113
SEX:F
HT:5-03
HAIR:BRN
WT:125
EYES:BRN
DOB:04-05-38
RSTR:CORR LENS
03/01/2005 613 E3 FD/10

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
S.D. Res

Date 5/10/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Guy 230846

in a Liner (Type of Burial Container) Funeral, date, time May 16th 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 7 Section 17 Blk/Row — Lot 8 Grave 3

Grave space & Care Fund D-6869 <19767	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-60067	1094.93
Balance due	Ø

PAID
MAY 14 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

See Attached

Invoice # _____

Work Order # E 20216

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
S.D. Res

Date 5/10/07

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

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

Church Chapel Graveside Anderson Ragsdale Mortuary

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

will be applied and billed to undersigned _____

Division 7 Section 17 Blk/Row — Lot 8 Grave 3

Grave space & Care Fund D-6869 —

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

Date Due 1094.93

Paid receipt number _____

Balance due _____

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

I hereby authorize the interment in lot I hold under deed

X Dora Taylor
Signature

X Dora Taylor
Print Name

X 110 Sears Ave
Address

X San Diego 92114
City State Zip Code

X 619-479-9932
Telephone

Invoice # _____

Work Order # E 20216

Acct. # _____

REA-106 (3-01)

This information is available in alternative formats upon request

© [illegible]

E 20216

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

			Coffee			
		Hollingsworth	X	Carter		

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Pauletta C. Date: 5-14-07

Interment space for: Helen Guy

Interment Date: Weds 05/16 Time: 1:00 Chapel

Div: 7 Sect: 17 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 _____

E20216

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-6 1976

CHARGE Anderson Ragsdale Mort.

ADDRESS 2601 Imperial Ave. S.D. 2

NAME OF DECEASED Pre-Need

OWNER Above

ADDRESS

MORTUARY

LOT 8 GR 3 ROW SEC 17 DIV 7	160	00
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION VET.		
TOTAL	$160.	00
PAID RECEIPT NUMBER 23380		
BALANCE		

Flush Marker Only Allowed

LOT FOR: HELEN GUY - 2667 - "L" St S.D.
235-3963

PAID
APR 6 1976
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

#8418

AUTHORIZED IN PERSON PHONE BY Chfin Mail

ORDER TAKEN BY R.W. Dehne

W.O. NO. D 6869

INVOICE NO. CASH

FORM PR-974 REV.

E20216

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

92

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

1A. NAME OF 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	GENEVA	GUY	11/05/1914	05/09/2007	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	DORA TAYLOR, DAUGHTER 110 SEARS AVENUE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sienna Taylor	05/14/2007

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	05/14/2007	▶ 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 5/16/07	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 5/11/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of M. Edison Dye 230858

in a Double-Crypt A (Type of Burial Container) Funeral, date, time Tues. May 15

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 141 Grave 5

Grave space & Care Fund E-19985 0

Overtime/Late Arrival Fees .....

Opening/Closing & Setup.....

Burial Container.....

Handling Fees.....

R-60081 P-00819

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees.....

Sales taxes .....

PAID

MAY 10 2007

MOUNT HOPE CEMETERY

Total Due.....

Paid receipt number _____ 0

P-00817 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: Shirley A Evancho

Print Name: SHIRLEY Ann EVANCHO

Address: 8130 LA MESA Blvd #88

City: LA MESA, CA Zip Code: 91941

Telephone: 619-674-0412

Invoice # _____

Work Order # E 20217 . . . Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Pin: 230487 #88 E 20217 E-19985

EVANCHO, SHIRLEY ANN 8130 LA MESA BLVD ~~#8~~ LA MESA CA 91941 (619) 250-2076

DIVISION 12	SEC 2	LOT 141	GR 5	Debit	Credit	Balance
11/16/06	Pre-Need Lot & Trust Trust includes: 1st Open & Closing, Burial Container DD Crypt, Handling Fee One recording and one Filing fee + Sales Tax on DDCrypt. P-00578			3896.77		
					1000.00	2896.77
12/11/06	Dec 06 P-00609 Coupon #1				125.-	2,771.77
1/17/07	Jan 07 P-00657 " #2				125.-	2,646.77
2/14/07	Feb 07 P-00701 " #3				125.-	2521.77
3/16/07	Mar 07 P-00754 " #4				125.-	2396.77
05/09/07	April to Jan 08 10 payments 5-14				1250.-	1,146.77
05/09/07	15-24 coupons paid in full P-00817				1146.77	0

PAID

MAY - 9 2007

MOUNT HOPE CEMETERY

E 20217

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

		KANG	JONES			
			X			
			WELLS			

Flagged **Yes**_____ **No**_____

Blind Check Initiated By: _____ Date: _____

Interment space for: Gordon Anderson

Interment Date: Tues. May 15 Time: 1:00 Chapel

Div: 12 Sect: 1 Blk/Row: ____ Lot: 86 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 _____

E20217

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

			WALTOWER			
		WILLIAMS	X	FRIEND		

Flagged **Yes**_____ **No**_____

Blind Check Initiated By: _____ Date: _____

Interment space for: M. Edison Dye

Interment Date: 5-15-07 Tuesday Time: 2:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 141 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 _____

E20217

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
EDISON	-	DYE	05/10/1918	05/10/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ON GROVE	SAN DIEGO	SHIRLEY EVANCHO, DAUGHTER 8130 LA MESA BLVD LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	Victoria Mitchell	5/15/07

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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 5-15-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Torquen	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 5/14/07

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mamie L. Greene 230854

in a topseal vault (Type of Burial Container) Funeral, date, time Fri. May 18 11:00

Church, Chapel, Graveside _____ : CA Burial Jeannette Mortuary

All Funeral cars 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 14 Grave 6

Grave space & Care Fund	1,132.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	177.50
Handling Fees	131.50
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	13.76
Total Due	1,753.76
Paid receipt number R 60072	1,753.76
Balance due	Ø

PAID MAY 16 2007 MOUNT HOPE CEMETERY

Mort 2 Pay

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 Ray Simmons
Signature

Paulette

x Ray Simmons 181588
Print Name

x 13250 Civic Center Dr
Address

x Poway CA 92064
City Zip Code

x 858-922-2209
Telephone

Invoice # _____

Work Order # E 20218

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: Mamie Louisa Greene

Address: 1614 Bayview Heights Dr #4.

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.

Roy Simmons 5-14-07
Signed/ Relationship (Son) 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 Rosales 5/14/07
Approved by Date

Current SSA Award letter documents verified on:
Approved By MRD
Date 5/14/07

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

DIVERSITY

E20218

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2006 • 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
MAMIE L GREENE		550-56-1037
Box 3. Benefits Paid in 2006	**Box 4. Benefits Repaid to SSA in 2006**	**Box 5. Net Benefits for 2006** *(Box 3 minus Box 4)*
$13,590.00	NONE	$13,590.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$12,528.00
Medicare Part B premiums deducted from your benefits	$1,062.00
Total Additions	$13,590.00
Benefits for 2006	$13,590.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

MAMIE L GREENE
APT 4
1614 BAYVIEW HEIGHTS
DR
SAN DIEGO CA 92105-5855

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

550-56-1037A

Form SSA-1099-SM (1-2007) DO NOT RETURN THIS FORM TO SSA OR IRS

SOCIAL SECURITY ADMINISTRATION
WESTERN PROGRAM SERVICE CENTER
PO BOX 2000
RICHMOND CA 94802-1791

M02
1

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

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

MAMIE L GREENE
APT 4
1614 BAYVIEW HEIGHTS
DR
SAN DIEGO CA 92105-5855

Form SSA-1099-SM (1-2007)

Printed on recycled paper

GPO U.S. GOVERNMENT PRINTING OFFICE 2007-330-095/00003

KEEP THIS FORM FOR PROOF OF SOCIAL SECURITY BENEFITS

NEED TO CONTACT SOCIAL SECURITY? CALL 1-800-772-1213!
OR
VISIT OUR WEBSITE WWW.SOCIALSECURITY.GOV

IMPORTANT: TAX INFORMATION ENCLOSED

[redacted]

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: Mamie Louisa Greene

Address: 1614 Bayview Heights Dr #4.

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.

Roy Summers 5-14-07

Signed/ Relationship (Son) 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 Doeuilly 5/14/07

Approved by Date

Current SSA Award letter documents verified on:

Approved By MFD

Date 5/14/07 S09 61323 6-11-12 Mamie Greene

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

DIVERSITY

E20218

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

BURIAL CONTAINER Top seal Vault

			X		GREER	AYALA
				charles		

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette C. Date: 5/16/07

Interment space for: Mamie L. Greene

Interment Date: Friday May 18 Time: 11:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: ~~12~~ 14 PC Gr: ~~2~~ 6 PC

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 ____

E20218

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MAMIE	-	GREENE	06/11/1939	05/12/2007	F

5. PLACE OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROY SIMMONS, SON 13250 CIVIC CENTER DR, #62 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	5/16/07

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.

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AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	05/16/2007	▶ 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

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CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 05-15-07

230857

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

in a Liner (Type of Burial Container) Funeral, date, time Thursday May 17 10:00 am

Church, Chapel, Graveside St Stephens : 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 86 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 Fee	65-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-60070	3,340.00
Balance due	18.93

PAID
MAY 15 2007
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.

230849

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

X Alice L. Anderson
Signature

X ALICE L. ANDERSON
Print Name

X 833 DASSCO ST.
Address

X SAN DIEGO, CA 92102
City Zip Code

X (619) 264-8390
Telephone

Invoice # _____

Work Order # E 20219

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20219

58

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GORDON	CLIFFORD	ANDERSON	02/06/1949	05/09/2007	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	ALICE ANDERSON, WIFE 832 DASSCO 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 making permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Glenn Ula Phyr	05/14/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	05/14/2007	▶ 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 STILL OCCURS 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 5-17-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 5/15/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FRANK THOMAS ⊗ 224118

in a Ash Vault (Type of Burial Container) Funeral, date, time x May 29, 2007

Church, Chapel, Graveside AYD ; 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 2 Blk/Row _____ Lot 186 Grave 1

Grave space & Care Fund E-7511/E-7613/E-15029 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 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 Betty Thomas
Print Name
x Parkside Gardens
Address
x 64853 OAKMount BLVD
City
x Desert Hot Springs CA 92240
Zip Code
Telephone

Invoice # _____

Work Order # E 20220

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20220

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 5/14 - 9:00 am

CALL TAKEN BY: Maria

RECEIVED CALL FROM:

☐ MORTUARY NAME: Forestlawn/Desert Valley

☒ *FAMILY MEMBER/REPRESENTATIVE*

CONTACT PERSON: Betty Thomas ⊗

TELEPHONE NO: 951-765-4338

NAME OF DECEASED:

LAST NAME: Thomas Pin # 224118

FIRST NAME: Frank

DOD: _____ DOB: _____

VETERAN ☐ BRANCH OF SERVICE: _____

☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD

FUNERAL SERVICE

TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☒ GRAVESIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____ TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOME: _____

CEMETERY PROPERTY: ☐ A/N ☒ P/N ☐ P/N TRUST

DIV: 12 SECT: 2 BLK/ROW: ____ LOT: 186 GRAVE: 1

☐ SINGLE GRAVE ☒ CREMATION

☐ DBL DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE ☐ COMMITTAL ☒ GRAVESIDE

☐ WITNESS ONLY ☐ DELIVERY ONLY

☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS: Adam Milton (~~Stepson~~)
Will come/call to finalize paperwork

Susan Mitchell Mort. 760-740-6822

E20220

Community Parks I Division
Mount Hope Cemetery
3751 Market Street
San Diego, CA 92102

SAN DIEGO PARK & RECREATION DEPARTMENT
AMERICA'S FINEST

Date: May 15, 2007

"We enrich lives through quality parks and programs"

The following 2 total pages (including this cover page) are intended for:

To:	Betty Thomas – Bldg. A, Room 15		**From:**	Maria Dovensky
Company	Parkside Gardens		**Division**	CPI/Mt Hope Cemetery
FAX #	1 951-766-1310		**FAX #**	(619) 527-3403
Phone #			**Phone #**	(619) 527-3400

Subject:	Frank Thomas Interment Order

Comments:

Betty,

Enclosed is the Interment Order. Please complete the areas marked X and fax the form back to us.

Please advise when you want the inurnment to be held.

*** Ashes need to be accompanied with a **California Burial Permit**.

Best regards,

Maria

If there are any problems with receiving this FAX transmission (such as missing pages), please contact the Sender at the "From" phone number given above.

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. RECEIPT BY AN UNINTENDED RECIPIENT DOES NOT CONSTITUTE A WAIVER OF ANY APPLICABLE PRIVILEGE.

If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the U.S. Postal Service.

E20220

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/15/2007

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

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

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 186 Grave 1

Grave space & Care Fund	E-7511/E-7613/E-15029 ~~0~~
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	~~0~~
Paid receipt number _____	
Balance due	~~0~~

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 20220

Acct. # _____

REA-104 (3-04)

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E20220

MESSAGE CONFIRMATION

05/15/2007 14:02
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
05 15	00'39"	951 766 1310	CALLING	02	OK	0000

05 15/2007 14:01 SD MT. HOPE CEMENTERY → 919517661310 NO.114 P01

Community Parks I Division
Mount Hope Cemetery
3751 Market Street
San Diego, CA 92102

SAN DIEGO PARK & RECREATION DEPARTMENT
AMERICA'S FINEST

Date: May 15, 2007

"We enrich lives through quality parks and programs"

The following 2 total pages (including this cover page) are intended for:

To:	Betty Thomas – Bldg. A, Room 15	**From:**	Maria Dovensky
Company	Parkside Gardens	**Division**	CPI/Mt Hope Cemetery
FAX #	1 951 766 1310	**FAX #**	(619) 527-3403
Phone #		**Phone #**	(619) 527-3400

Subject: Frank Thomas Interment Order

Comments:

Betty,

E20220

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

			X			
	EASLEY			HENDRICKSON	DISTR	

Flagged **Yes** X **No** ____

Blind Check Initiated By: KEVIN Date: 5/28/07

Interment space for: FRANK THOMAS

Interment Date: 5/29/07 Time: 10:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 186 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 MIDDLE

6A/385 E20220

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
FRANK	K	THOMAS III	03/29/1934	05/04/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
DESERT HOT SPRINGS	RIVERSIDE	BETTY THOMAS, WIFE 64853 OAKMOUNT BLVD. DESERT HOT SPRINGS, CA 92240

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FOREST LAWN CATHEDRAL CITY, 69855 RAMON ROAD CATHEDRAL CITY, CA 92234	FD1847	▶ Regina DeGasure	05/06/2007

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	05/09/2007	ERIC K. FRYKMAN, M.D. ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	RIVERSIDE HEALTH DEPARTMENT 4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-29-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY FOREST LAWN MEMORIAL PARK, 4707 E. SUNNY DUNES, PALM SPRINGS, CA 92264	12B. DATE CREMATED 5/10/2007	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ CRR	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION *EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE* PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
non-res. fee

Date 5/16/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Fox ⊗ 23 09/65

in a Ash vault (Type of Burial Container) Funeral, date, time AYD 5/30

Church, Chapel, Graveside Purath-Strand Mortuary, Wisconsin

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 262-639-8000 Gary

will be applied and billed to undersigned.

Division 8 Section 3 Blk/Row ~ Lot 1198 Grave 1

Grave space & Care Fund B-241 <4-3-1973>	⊖
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-60083	$ 510.06
Balance due	⊖

PAID
MAY 29 2007
MOUNT HOPE CEMETERY

Mortuary
fax# 262-639-8000

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 20221

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

PURATH-STRAND FUNERAL HOME & CREMATORY, INC.

E 20221 11096

Mt. Hope Cemetery

5/21/2007

Dorothy Fox

510.06

Cash - Johnson Bank

510.06

E20221

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
non-res. fee

Date 5/16/07

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

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

Church, Chapel, Graveside Purath-Strand Mortuary 262-639-8000 wisconsin

All Funeral cars 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 Bk/Row — Lot 1198 Grave 1

Grave space & Care Fund B-241 <4-3-1973>	⊗
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

Mortuary fax# 262-639-8000

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 Virginia E.
Signature

(Jean) Leutner

X Jean Leutner
Print Name

X 4927 Kings Cove Road
Address

X Racine, WI 53406
City Zip Code

(262) 639-1219
Telephone

Invoice #

Acct. #

Work Order # E 20221

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20221

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Husband Vernon Fox

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

		SIGLM	HALLETT	DENT		
	ANDERSON	FOX	X	FOX		
	BOROS		OST	COMMINGTON		

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 5/29/07

Interment space for: Dorothy Fox

Interment Date: _____ Time: AVD

Div: 8 Sect: 3 Blk/Row: ____ Lot: 1198 Gr: 1

Grave Laid out by: Norman Pergler

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED MIDDLE

E 20221

90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Dorothy	A.	Fox	04/04/1917	05/14/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Union Grove	Wisconsin	Purath-Strand Funeral Home 3915 Douglas Ave. Racine, WI 53402-3230

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115	FD-1083	▶ M. Dominguez	05/21/2007

2308

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109053 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	05/21/2007	2700802 M. Dominguez ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] 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 5-30-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kent 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 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.

E20222

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 5/17/200

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

of Doris Simmons 230876 12'00

in a DD Crypt #A Funeral, date, time Mon. May 21, 2007

Type of Burial Container

Church Chapel, Graveside Anderson-Ragsdale Mortuary

Mt. Zion 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 7 Section 15 Blk/Row _____ Lot 75 Grave 4

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 533x2	1,066.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 65 x 2	130.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number R-60073	4,494.77
Balance due	Ø

PAID
MAY 18 2007
MOUNT HOPE CEMETERY

MORT. 2 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 Dakesha D. Hayes
Signature

230877
X Dakesha D. Hayes
Print Name
X 8034 Skyline Dr
Address
X SAN Diego, CA 92114
City Zip Code
X (904) 294-8861 or (619) 479-6779
Telephone

Invoice # _____

Work Order # E 20222

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20222

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

			X			

Flagged **Yes** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Doris Simmons.

Interment Date: Mon. May 21 Time: 12:00 noon

Div: 7 Sect: 15 Blk/Row: _____ Lot: 75 Gr: 4

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

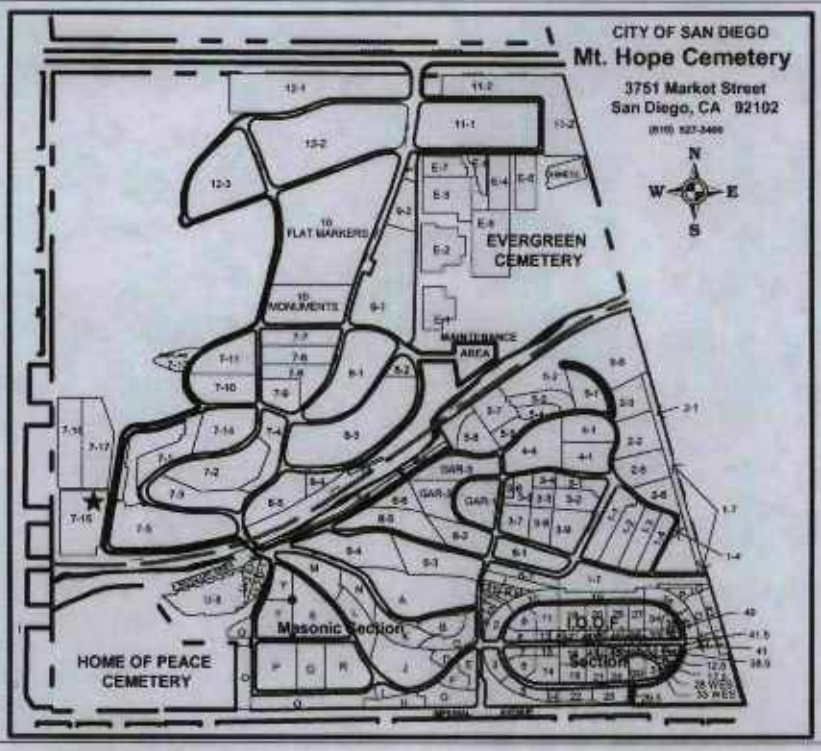
Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20222

Locator Map



Location	: 7,15,,75,4
Division	: 7
Section	: 15
Block_Row	:
Lot	: 75
Grave	: 4
C01_Prop_Status	: A
C52_Deceased_A	:
C53_Deceased_B	:
C54_Deceased_C	:
C55_Deceased_D	:
C56_Deceased_E	:
C57_Deceased_F	:
C10_Convey_NO	:
C11_Convey_Date	:
C20_ContractNo_A	:
C21_ContractNo_B	:
C22_ContractNo_C	:
C23_ContractNo_D	:
C24_ContractNo_E	:
C25_ContractNo_F	:
C36_Owner_Name_A	:
C37_Owner_Name_B	:
C38_Owner_Name_C	:
C39_Owner_Name_D	:
C40_Owner_Name_E	:
C41_Owner_Name_F	:
C60_Dec_Info_A	:
C61_Dec_Info_B	:
C62_Dec_Info_C	:
C63_Dec_Info_D	:
C64_Dec_Info_E	:
C65_Dec_Info_F	:

Deceased Within A 15 Ft. Radius.

01-Bady, Alma Mildred (7,15,,75,7)
02-Coleman, Mamie Belle (7,15,,74,6)
03-Daniels, Albert (7,15,,75,10)
04-Fowler, Precious (7,15,,64,12)
05-Fowler, Robert Odell (7,15,,64,11)
06-Johnson, Ella R (7,15,,75,8)
07-Jones, Mary Ellen (7,15,,75,9)
08-Lewis, Albertine Rebecca (7,15,,76,7)
09-Meekins, Leo (7,15,,64,9)
10-Mosby, Mildred (7,15,,75,3)
11-Patrick, Mary (7,15,,76,2)
12-Porter, Lillie Rose (7,15,,75,6)
13-Rosier, Elizabeth Mary (7,15,,75,2)
14-Rosier, Son (7,15,,75,1)
15-Threadgill, Lola Bell (7,15,,64,10)
16-Wallace, Henry (7,15,,76,1)
17-Ward, Albert D (7,15,,64,8)
18-Ward, James Haywood (7,15,,64,7)
19-Watson, Clara (7,15,,75,11)
20-Welch, Hornaby , Jr (7,15,,65,7)
21-Widemir, Mary Larue (7,15,,75,5)
22-Wyse, Leola (7,15,,75,12)

	11	
20	16	8
4	12	22
5	21	19
15	★	3
9	10	7
17	13	6
18	14	1
	2	

E 20222

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
DORIS	DORAY	SIMMONS	04/12/1962	05/14/2007 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
SPRING VALLEY	SAN DIEGO	DAKESHA HAYES, DAUGHTER 3500 UNIVERSITY BLVD. N, #3502 JACKSONVILLE, FL 32277

7A. TYPED NAME AND ADDRESS OF 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	Siennika Pryor	05/17/2007

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	05/17/2007	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 5-21-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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

Preneed trust

Date 5-17-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Self 206446

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 3211 Grave

Grave space & Care Fund E-3811	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	1,094.93
Paid receipt number P-00831	1,094.93
Balance due	Ø

PAID

MAY 17 2007

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 Eric M. Arthur
Signature

Pin 206446

X
Print Name

X
Address

X
City Zip Code

X
Telephone

Invoice #

Work Order # E 20223

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT need

Date 5/22/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Khristofer Marbaryan 230881

in a Liner (Type of Burial Container) Funeral, date, time Wed 30 May 9:00 PM

Church/Chapel/Graveside (X) : Featheringill Mortuary.

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

will be applied and billed to undersigned. _____

Division 2 Section 3 Blk/Row 8 Lot 29 Grave 1

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3358.93
Paid receipt number MC-A045618	3,358.93
Balance due	0

PAID
MAY 23 2007
MOUNT HOPE CEMETERY

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

214065

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

X [signature]
Signature

X ARNOLD MARKARIAN
Print Name

X 3812 PARK BLVD #411
Address

X SAN DIEGO, CA 92103
City Zip Code

X 619-384-6565
Telephone

Paulette

Work Order # E 20224

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20224

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

			Woods Sr	Woods Jr	Ralph Woods	Ketchum
			X			

Flagged Yes ✓ **No**

Blind Check Initiated By: Paulette Date:

Interment space for: Kristofer Markarian

Interment Date: 5/30/07 Weds. Time: 2:00 PM

Div: 2 Sect: 3 Blk/Row: 8 Lot: 29 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

F 20224
2007
1939
68

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KHRISTOFER	-	MARKARYAN	04/11/1939	05/21/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
AN DIEGO	SAN DIEGO	ROBERT SARKISYAN, COUSIN 184 N. SIERRA BONITA AVE. PASADENA, CA 91106

7A. TYPED NAME AND ADDRESS OF 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. Doujy	05/24/2007

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
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	05/24/2007	▶ WILMA WOOTEN, MD

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

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 5-30-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jamyan	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 25 chairs

Date 05/22/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angel V. Torres 230863

in a Liner (Type of Burial Container) Funeral, date, time Friday May 25, 2007 11:30

Church, Chapel, Graveside Berge-Roberts Mortuary

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 39 Grave 2

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-60077	3,359.00
Balance due	.07

PAID

MAY 23 2007

MOUNT HOPE CEMETERY

I hereby certify I am the X Angel V. Torres 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 Maria Aguiar 230862
Print Name

X 2385 Grove Ave #3
Address

X S.D. CA 92154
City Zip Code

Home (619) 271-4205
Telephone

cell (619) 727-1527

X Maria Aguiar
Signature
wife

Invoice # _____

Work Order # E 20225

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20225

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

		Longmire	Longmire			
		Tucker	X			
			Sevier		Bennett	

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Paulette Date: 5/23

Interment space for: Angel V. Torres

Interment Date: Fri. May 25 Time: 11:30 G.S.

Div: 11 Sect: 2 Blk/Row: ____ Lot: 39 Gr: 2

Grave Laid out by: DAVID N.

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED

E20225

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

30

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANGEL	VICENTE	TORRES	12/05/1976	05/20/2007	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	MARIA TORRES, WIFE 2385 GROVE AVE #3 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
EL CAMINO MEMORIAL - NC, 607 NATIONAL CITY BLVD NATIONAL CITY, CA 91950	FD-284	▶ Lisa Castro	05/24/2007

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	05/25/2007	▶ 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 5-25-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Kamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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

on grave of Thomas Jefferson-Jenkins (husband)

Date 05-23-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laurene Jenkins ~~Q~~ 209508

in a ash vault (Type of Burial Container) Funeral, date, time Tues. May 29th 2:00

Church, Chapel, Graveside ; Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row ~ Lot 1341 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	6.12
Total Due	384.12
Paid receipt number R-60079	384.12
Balance due	0

PAID
MAY 23 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.

x J Rickard
Signature

x Francine Rickard 230878
Print Name

x 10725 Valparaiso
Address

x Columbia CA 95310
City Zip Code

x 209 5325764
Telephone

Laurene O. Jenkins
3288 Loma Riviera Dr.
San Diego, CA 92110

Invoice # _____

Work Order # E 20226

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20226

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH (Husband) Thomas Jefferson - Jenkins

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

		HEITZERG		SHIRLEY		
WEIGHT			X			ALPINE
	JOHNSON		ANDERSON	ANDERSON	FALISH	

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 5/28/07

Interment space for: Laurene Jenkins

Interment Date: Tuesday 5-29-07 Time: 2:00 pm

Div: B Sect: 3 Blk/Row: ____ Lot: 1341 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

88 E20224 05027

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LAURENE	ODELL	JENKINS	09/08/1918	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
SAN DIEGO	SAN DIEGO	FRANCINE RICKARD, DAUGHTER 3288 LOMA RIVERA DR. SAN DIEGO, CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BAYVIEW CREMATION & BURIAL, 7510 CLAIREMONT MESA BLVD STE 109 SAN DIEGO, CA 92111	FD1661	▶ [signature]	10/23/2006

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	10/24/2006	▶ NANCY L BOWEN, MD

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

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST,, SAN DIEGO, CA 92102	11B. DATE BURIED 5-29-07	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 10-27-06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Ed Bouguello	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

Pre-need
Turned at-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05/23/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BROWN, Joseph 206932

in a DD Crypt /1st (Type of Burial Container) Funeral, date, time Friday, May 25th 11am

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 4916 Grave 1

Grave space & Care Fund ..... E-10290 ..... Ø

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... Pre-Paid ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

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

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ Ø

Balance due Ø

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

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

X
Signature

X
Print Name

X
Address

X
City Zip Code

X
Telephone

See Attached"

Invoice # _____

Work Order # E 20227

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Pre-need
Turned at-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05/23/2007

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

of BROWN, Joseph

in a DD Crypt / Mt. (Type of Burial Container) Funeral, date, time Friday, May 25th 11am

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 4916 Grave 1

Grave space & Care Fund	E-10290	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		0
Balance due		0

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

I hereby authorize the interment in lot 1 held under deed

x Rosie L. Brown
Signature

x Rosie L. Brown
First Name
x 5460 San Onofre Terr.
Address
x San Diego, CA 92114
City Zip Code
x 619 262-6780
Telephone

Invoice # _____

Work Order # E 20227

Acct. # _____

REA-15a (3-04)

This information is available in alternative formats upon request.

© 2007 Mt. Hope Cemetery

E20227

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 DDCrypt A

		Dora King	X	Georgia Brown	Brooks	
		Hosuka	Fedder			

Flagged Yes ✓ No

Blind Check Initiated By: Paul Date: 4/23

Interment space for: Joseph Brown

Interment Date: 5/25/07 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4916 Gr: 1

Grave Laid out by: DAVID N.

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED

E20227

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSEPH	PHILLIP	BROWN	02/01/1930	05/20/2007	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	ROSIE BROWN, WIFE 5460 SAN ONOFRE TERRACE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Shennika Prior	05/24/2007

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		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	11.00	05/24/2007	▶ 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 5-25-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER *DISPOSITION OF THE 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
16 chairs

City of San Diego

Date May 23, 2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald Campbell 230864 1b

in a Top Vault (Type of Burial Container) Funeral, date, time Weds May 30 1:00

Church/Chapel, Graveside Mt. Erie ; Anderson-Ragsdale Mortuary. Kevin

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 600 Grave 1

Grave space & Care Fund E-18243 <2004>	Θ
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	—
Paid receipt number N/A	—
Balance due	Θ

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

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

X _____ Signature

X Johnnie Campbell Print Name

X 1884 Gladwick St Address

X Carson 90746 City Zip Code

X 310 704 7163 Telephone

Invoice # _____

Work Order # E 20228

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20728

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan. 12, 04

227375

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

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

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Lot 600 Grave 1 Row Section Division/Block 10

Grave space & Care Fund	1095-
Additional spaces and care fund	
Opening/Closing & Setup	413-
Burial Container	275-
Handling Fees	204-
Flower vases – Marker setting fee	
Recording and filing fee	50-
Sales taxes	21.31
Total Due	2058.31
Paid receipt number Visa	2058.31
Balance due	-0-

PAID

JAN 12 2004

MOUNT HOPE CEMETERY

Pre-need TRUST

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

Johnny Campbell

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

01-12-04P02:15 PAID

Signature of recorded holder of deed

Signature

Address 4194 San Miguel

City SD Zip Code 92113

Telephone (619) 264 5437

Work Order # E 18243

Invoice #

Acct. #

REA-104 (7-95)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20228

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

	Wood	Winsill	X	Marselian	Moon	
		Morris		Lestourgeon	Hermberger	

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Poulitt Date: 5/29

Interment space for: Donald Campbell

Interment Date: Weds May 30 Time:

Div: 10 Sect: Blk/Row: Lot: 600 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

E20228

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DONALD	EDWARD	CAMPBELL	11/28/1939	05/23/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	JOHNNIE CAMPBELL, BROTHER 1884 GLADWICK STREET CARSON, CA 90746

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Supply missing name	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sienna Kaffyor	05/25/2007

8C. ACKNOWLEDGEMENT OF APPLICANT – I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	05/25/2007	▶ 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 CEMETTERY; 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-30-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 05-24-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe P.A.# 20071632 ME 04-020446

in a DDCRYPT B (Type of Burial Container) Funeral, date, time ~~THURS. June 7 11:00~~

Church, Chapel, Graveside Delivery AZTLAN 619-337-8100 Mortuary.

All Funeral cars 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 22 Grave 2A

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	776.23
Paid receipt number Visa AP053243	776.23
Balance due	0

PAID

JUN - 4 2007

MOUNT HOPE CEMETERY

P.A. Ellen Boham 619-694-3502

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 20229

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20229

CITY OF [illegible] MERE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 06/04/07 TIME: 09:29:29
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-R D-R-A-F-T

REF: 0001
BATCH: 300
CD TYPE: VISA
TR TYPE: MP

TOTAL: $776.23

ACCT: **********0301 EXP: ****
AX: 053243
CUST CA: 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

Jane Doe PA 20071632
M.E. # 04-02046
Division 13 Lot 21 gr. 3B

E20229

TRANSMISSION REPORT

(THU) NOV 6 2008 15:06

User/Account	:	DOCUMENT#	: 7500000-413
DESTINATION	: 918586943987	TIME STORED	: NOV 6 15:05
DEST.NUMBER	: 918586943987	TX START	: NOV 6 15:06
		DURATION	: 33sec
F-CODE	:	COM.MODE	: ECM

PAGES : 3page
RESULT : OK

PARK AND RECREATION, CPI
MOUNT HOPE CEMETERY
3751 MARKET STREET, MS #72
SAN DIEGO, CA 02101
(619) 527-3400

THE CITY OF SAN DIEGO

FAX TRANSMITTAL

Date: ~~10/15/2008~~ November 6, 2008

The following 3 total pages (including this cover page) are intended for:

To: George Ojeda From: Paulette C.

Greg Ojeda
fax 858-694-3987

E20229

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 6-1-07		From:
To: Ellen - PA		Telephone #: (619) 527-3400
Telephone #: 858-694-3987		Fax #: (619) 527-3403
Fax #:		Pages (including this cover sheet):
Subject: Jane Doe PA20071632		

COMMENTS: Please sign at the x
and fax back to us.

Thanks,
Paulette
fax # 619-527-3403

05/01/2007 15:34 FAX 858 694 3987 PUB ADMIN E20229 002/002
06/01/2007 11:41 SS MT. HOPE CEMENTERY → 918586943987 NO.158 002

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 05-24-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe P.A. # 20071632 ME 04-02046

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

Church, Chapel, Graveside AZTLAN Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day when extra charge of $ 619337-8100

will be applied and billed to undersigned.

Division 13 Section Bit/Row Lot 21 Grave 3B

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	776.23

P.A. Ellen Bohan 858-694-3502

Paid receipt number

Balance due

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

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

X [signature]
Signature

X Ellen Bohan
Print Name

X 5201-A Ruffin Rd.
Address

X San Diego, CA 92123
City Zip Code

X (858) 694-3502
Telephone

Paulette

Work Order # E 20229

Invoice #

Acct. #

APPROVED FOR PYMT BY [signature] DATE 6/1/07

REA-104 (3-04)

This information is available in alternative formats upon request.

E20229

TRANSMISSION REPORT

(WED) OCT 15 2008 15:27

User/Account	:	DOCUMENT#	: 7500000-315
DESTINATION	: 918586943987	TIME STORED	: OCT 15 15:26
DEST.NUMBER	: 918586943987	TX START	: OCT 15 15:26
		DURATION	: 33sec
F-CODE	:	COM.MODE	: ECM
PAGES	: 3page		
RESULT	: OK		

PARK AND RECREATION, CPI
MOUNT HOPE CEMETERY
3751 MARKET STREET, MS #72
SAN DIEGO, CA 02101
(619) 527-3400

THE CITY OF SAN DIEGO

FAX TRANSMITTAL

Date: 10/15/2008

The following 3 total pages (including this cover page) are intended for:

To: George Ojeda | From: Paulette C.

E20229

MOUNT HOPE CEMETERY
JUN - 4 2007
PAID

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

DATE: 06/04/07 TIME: 09:29:29
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 300
CD TYPE: VISA
TR TYPE: MP

TOTAL: $776.23M

ACCT: **********0301 EXP: ****
AP: 053243
COST 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

Jane Doe PA 20071632
M.E. # 04-02046
Division 13 Lot 21 gr. 3B

E20229

For Auditors Use Only

Date Auditors Rcvd _____

Application Date _____

Refund No. _____

The City of San Diego

Date Rcvd By Dept _____

Processed By _____

APPLICATION FOR REFUND

Daily Cash Receipt (DCR) No. _____

Fund _____ Acct _____

Apprvd By _____ Date _____

To City Auditor & Comptroller:

The undersigned hereby requests refund of $ 776.23 Date paid 6/4/07 on Interment Order (Name of Receipt or Permit No.)

No. E20229 for the following reason(s):

_____

_____

_____

_____

_____

Refund Requested by:

Print Name: _____ Address: _____

Signature: _____ _____

Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.

CITY USE ONLY

I hereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or fact, that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, may properly be made under provisions of Ordinance 3911 (NS).

Print Name: _____ Title _____ Date _____

Signature: _____ Dept. Name _____ Phone _____ M.S. _____

White Copy - Auditor's
Pink Copy - Auditor's
Green Copy - Originating Dept.

FORM AC-1006 (Revised 4/91)

E20229

PARK AND RECREATION, CPI
MOUNT HOPE CEMETERY
3751 MARKET STREET, MS #72
SAN DIEGO, CA 02101
(619) 527-3400

THE CITY OF SAN DIEGO

FAX TRANSMITTAL

Date: ~~10/15/2008~~ November 6, 2008

The following 3 total pages (including this cover page) are intended for:

To:	George Ojeda	From:	Paulette C.
Company:	Public Administrator	Title:	CAII
Fax #	858-694-3987	Fax #	(619) 527-3403
Phone #	858-499-0186	Phone #	(619) 527-3400

Comments:

George, please fill out the Application for Refund in the areas that I have the x's. We unfortunately were unable to use the credit card. It has been over a year since this transaction. On the application state the reason for the refund. Print Name and address and signature. Fax back to us at 619-527-3403.

Thanks,
Paulette

If there are any problems with receiving this FAX transmission (such as missing pages), please contact the Sender at the "From" phone number given above.

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. RECEIPT BY AN UNINTENDED RECIPIENT DOES NOT CONSTITUTE A WAIVER OF ANY APPLICABLE PRIVILEGE.

If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the U.S. Postal Service.

E 20229

Public Administrator

1017

Greg Ojeda

858-694-3022

858 499-0186

faxed 2nd time to Mr. Ojeda on 11/6/08

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need setting fee / vase

Date 5/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Suzanne Tudo

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 8 Section 4 Blk/Row _____ Lot 128 Grave 1

Grave space & Care Fund	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees Trial 65.71 178.—	243.71
Flower vases / Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	243.71
Paid receipt number P-00840	50.71
Balance due	193.00

PAID JUL 20 2007 MOUNT HOPE CEMETERY

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

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

Signature

Print Name

Address

City Zip Code

Telephone

See attached for signature

Invoice # _____

Acct. # _____

Paulette

Work Order # E 20230

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

5/31/07 Mailed coupons with not of bal Due of $143.00

P- 00840 5000 5/29

P- 00842 50 71 5-30

OFFICIAL RECEIPT

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

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

P00876

Date: 6/25, 20 07

From: S. Trupp Address: on file

Dollars ($ 25 —)

in part Payment of pre-need vase setting fee

Div Sec Blk/Row Lot Grave

Invoice No. E-20230

Acct. No.

W.O.

BALANCE DUE $ 118.-

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

PAID

JUN 25 2007

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	25 —
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	25 —

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 675

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

P00902

Date: 7-17 , 2007

From: Suzanne Trudo Address: on file

One hundred Eighteen and 00 Dollars ($ 118.-)

in ~~part~~ full Payment of Pre-need coupon # 4 paid in full)

Div 8 Sec 4 Blk/Row Lot 128 Grave

Invoice No. E-20230

Acct. No.

W.O.

BALANCE DUE $ Ø

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 6787

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

PAID

JUL 17 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	118 -
Trust	77185	
TOTAL PAID	$	118 -

AC-212 (11-05)

This information is available in alternative formats upon request.

E-20230 Pre-need

Trudo, Suzanne 6802 Beadnell Way #24, SD CA 92117
Division 8 Section 4 Lot 128

	DEBIT	CREDIT	BALANCE
5/29/07 Opened pre-need trion vase/marker setting fee.	65.71		65.71
Down payment of $50.71 P-00840	178.00		243.71
		50.71	193.00
5/29/2007 P-00842		50.00	143.00
6-25-07 P-00876 Coupon #2		25.-	118.-
7-18-07 P-00902 " 3 & 4		118-	0

PAID
JUL 18 2007
MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/31/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hancock, Gladys Pin 230874

in a Liner (Type of Burial Container) Funeral, date, time Tues, June 5, 2007 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 $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 121 Grave 4

Grave space & Care Fund E-2468	Ø
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	1,094.93
Paid receipt number R-660.86	1,094.93
Balance due	Ø

PAID
JUN - 1 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

Signature _____

Print Name _____

Address See attached

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20231

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E 20231

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

		HANCOCK	X	BALLIOS		
			ESPINOZA		HEARN	

Flagged **Yes** X **No**

Blind Check Initiated By: KEVIN Date: 6/4/07

Interment space for: Gladys Hancock

Interment Date: Tues. June 5 Time: 1:00 PM

Div: 12 Sect: 2 Blk/Row: ____ Lot: 121 Gr: 4'

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E 20231

84

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GLADYS	-	HANCOCK	01/03/1923	05/29/2007	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	DEFORREST R HANCOCK, DAUGHTER 5651 BONITA DRIVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT (person taking permit)	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sienna Ella Pryor	05/31/2007

23081

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	05/31/2007	WILMA WOOTEN, 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 6-5-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 6-1-07

230868 230870

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Lutfi & Rasha Elias

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 12 Section 2 Blk/Row _____ Lot 214 Grave 8

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	559.-
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 AP 031619A	1,500.-
Balance due	2,396.77

PAID
SEP 21 2007
MOUNT HOPE CEMETERY

Visa

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 Nahla Elias
Signature

X Nahla Elias 230868
Print Name

X 10151 Timberlane way
Address

X Santee CA 92071
City Zip Code

X 619 449-0944
Telephone

Invoice # _____

Work Order # E 20232

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Recycled recycled paper

6/5/07 Coupons mailed,

OFFICIAL RECEIPT

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

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

P00909

Date: 7/24, 2007

From: Nahla Elias Address: On file

TWO hundred Ninety Nine and 61 — Dollars ($ 299.61)

in part Payment of Pre-need lot, trust Coupons 1, 2, 3

Div 12 Sec 2 Blk/Row Lot 214 Grave 8

Invoice No. E - 20232

Acct. No.

W.O.

BALANCE DUE $ 2,097.16

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 1562

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

PAID

JUL 24 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	299 61
Trust	77186	
TOTAL PAID		$ 299 61

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 00983

Date: 9-21, 20 07

From: SIMON OR NAHLA ELIAS Address: 9927 SADIE ST. SANTEE CA 92071

TWO THOUSAND - NINETY SEVEN $ 16/100 Dollars ($ 2097 16)

in FULL Payment of PRE-NEED LOT & TRUST

Div 12 Sec 2 Blk/Row Lot 214 Grave 8

Invoice No. 230868

Acct. No. E20232

W.O. —

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check #1579

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

PAID

SEP 21 2007

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	2097	16
Trust	77186		
TOTAL PAID		$ 2097	16

AC-212 (11-05)

This information is available in alternative formats upon request.

E 20232

Mt Hope Cemetery
751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-20232

Nahla Elias
10151 Timberlane Way
Santee, CA 92071

Payment Number:	2	**Payment Due Date:**	07/15/2007
Payment Amount:	**99.87**	**Amount Enclosed:**	
Payment after 07/25/2007:	99.87		
Bal. After This Payment:	2197.03	*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payments Remaining:	22.00		

E20232

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-20232

Nahla Elias
10151 Timberlane Way
Santee, CA 92071

Payment Number:	1	**Payment Due Date:**	06/15/2007
Payment Amount:	**99.87**	**Amount Enclosed:**	
Payment after 06/25/2007:	99.87		
Bal. After This Payment:	2296.90	*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payments Remaining:	23.00		

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon E20232

Account Number: E-20232

Nahla Elias
10151 Timberlane Way
Santee, CA 92071

Payment Number:	3	**Payment Due Date:**	08/15/2007
Payment Amount:	99.87	**Amount Enclosed:**	
Payment after 08/25/2007:	99.87		
Bal. After This Payment:	2097.16	*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payments Remaining:	21.00		

M[illegible]ope Cemetery
37[illegible]1 Market Street
San Diego, CA 92102

E20232

Payment Coupon

Account Number: E-20232

Nahla Elias
10151 Timberlane Way
Santee, CA 92071

Payment Number:	4	**Payment Due Date:**	09/15/2007
Payment Amount:	99.87	**Amount Enclosed:**	2097.16
Payment after 09/25/2007:	99.87		
Bal. After This Payment:	1997.29	*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payments Remaining:	20.00		

Pin 230868 Pre-nee lot/trust monthly payments $99.87 E-20232

NAHLA
Elias, Nahlu 10151 Timberlane Wy, Santee, CA 92071 619-449-0944
Division 12, Sec 2, Lot 214, Grave 8

	Debit	Credit	Balance
6/1/2007 Opened pre-need lot &trust. Lot 2264.00, o/c $[illegible], h/f $454, b/c $539, r/f $65, tax on DD Crypt $41.77	2264.00 1632.77		2264.00 3896.77
down payment of $1500 paid by visa AP031619A.		1500.00	2396.77
7-24-07 Coupons 1,2,3 P-00909		299.61	2097.16
9-21-07 4 P 00983		2097.16	-0-

PAID
SEP 15 2007
MOUNT HOPE CEMETERY

E 20232

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 1st day of June, ~~19~~ 2006, between Nahla L. Elias, 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 214, Grave 8, 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: $ 1500.— cash herewith, the receipt of which is hereby acknowledged; $ 99.87 on the 10th day of June, ~~19~~ 2007; and the balance in installments of $ 99.76 or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

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

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

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

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

E 20232

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

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

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

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

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

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

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

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

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

E 20232

WITNESS our hands this day and year above written.

TOTAL $ 3,896.77

DOWNPAYMENT $ 1,500.-

23 MONTHS $ 99.87

FINAL 24 MONTH $ 99.76

TWO YEAR CONTRACT

I agree to pay the required monthly payments of $ 99.87 for 23 months. Final payment to be $ 99.76 on the 24 month.

First monthly payment to begin on:

MONTH June

YEAR 2007

Purchaser's Signature X Nahla Elias

PURCHASER PHONE

Nahla Elias
Print Name

X
Signature

10151 Timberlane Way
Street Address (Mail)

Santee CA 92071
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Paulette Crawford

SLM:st(62-1)
1-23-90

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 06-04-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Seyed Hassan Mohseni 230871

in a Slab (Type of Burial Container) Funeral, date, time Mon. June 4 :200pm

Church, Chapel, Graveside Greenwood Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 3:05 LATE ARRIVAL $213 — will be applied and billed to undersigned.

Division Muslim Section ____ Blk/Row ____ Lot 164 Grave ____

Grave space & Care Fund	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	114.-
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	—
Total Due	884
Paid receipt number AP 01230C	$720.84
Balance due	720.84

PAID
JUN - 4 2007
MOUNT HOPE CEMETERY

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

230872

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

X Farshid Mohseni
Signature

X FARSHID MOHSENI
Print Name

X 12605 Prego Court
Address

X SAN DIEGO CA 92130
City Zip Code

X (858) 481-0672
Telephone

Invoice # ____

Work Order # E 20233

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20233

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 Gab

			X			
			Cunningham			

Flagged **Yes** ✓ **No**

Blind Check Initiated By: Pullen Date: 6-4-07

Interment space for: Seyed H. Mohseni

Interment Date: 6-4-07 Time: 2:00

Div: Musl Sect: ____ Blk/Row: ____ Lot: 164 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 ____

E20233

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

86

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SEYED	HASSAN	MOHSENI	03/05/1921	06/02/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	SHIRIN MOHSENI, DAUGHTER 10557 CAMINITO GLENELLEN 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 to sign permit	8B. DATE SIGNED
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE PO BOX 88 SAN DIEGO, CA 92112	FD843	Deborah King	06/04/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	06/04/2007	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
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 6-4-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Herman Ferguson		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING/BURIAL AT SEA OR *DISPOSITION OTHER* THAN IN CEMETERY	15A. ADDRESS NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE	

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR *FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO* CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SEYED	HASSAN	MOHSENI	03/05/1921	06/02/2007	M

5A. CITY OF DEATH: POWAY
5B. COUNTY OF DEATH – OUTSIDE OF CALIF. ENTER STATE: SAN DIEGO
6B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: SHIRIN MOHSENI, DAUGHTER, 10557 CAMINITO GLENELLEN, SAN DIEGO, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE PO BOX 88 SAN DIEGO, CA 92112
7B. CALIF. LICENSE NUMBER IF APPLICABLE: FD843
8A. SIGNATURE OF APPLICANT (FUNERAL DIRECTOR): Richard King
8B. DATE SIGNED: 06/04/2007

SIGNATURE OF APPLICANT: I, the undersigned, hereby make application for the disposition of the human remains described above, and I hereby certify that the information given is true and correct to the best of my knowledge and belief. I am 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 STATED HEREIN. THIS PERMIT MAY ALSO BE USED FOR SHIPMENT OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		11.00	06/04/2007	WILMA WOOTEN, MD

10. NAME AND ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – [illegible]
11. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – [illegible]

SAN DIEGO COUNTY VITAL RECORDS
3851 ROSECRANS ST
SAN DIEGO, CA 92110

12. AUTHORIZED DISPOSITIONS: BURIAL

FOR CORONER'S USE ONLY

BURIAL	13A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	13B. DATE BURIED: 6-4-07	13C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: [signature]
CREMATION	14A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	14B. DATE CREMATED	14C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	15A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	15B. DATE RECEIVED	15C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
SHIPMENT	16A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	16B. DATE SHIPPED	16C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
ITEM 17 FOR BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	17A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	17B. DATE OF DISPOSITION	17C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 17D. 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 — VS88 (REV. 12/06)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY, A CEMETERY CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DESIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 6-4-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MOSES JORDAN 230919

in a Liner (Type of Burial Container) Funeral, date, time Mon-June 18 11:00

Church Chapel, Graveside CA BURIAL Mortuary 619) 229-2497

All Funeral 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) 234-3272

Division 11 Section 2 Blk/Row _____ Lot 6 Grave 6

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number R 60089	1,679.47
Balance due	Ø

Mock set up 6/11/07

PAID

JUN - 7 2007

MOUNT HOPE CEMETERY

6/8/07 Mock set up pd P-00856

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.

230918

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

Signature

X John Harrison (Print Name)

X 537 Granite View Ln (Address)

X Spring Valley 92114 (City, Zip Code)

X 619 479 0582 (Telephone)

Paulette

Work Order # E 20234

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20234

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

		Cabrales	X	Regalado		Prewitt
	Landry					
		Williamson	Williamson	Coolridge		

Flagged **Yes** ✓ **No** _____

Blind Check Initiated By: Paulette Date: _____

Interment space for: Moses Jordan

Interment Date: Mon June 11 Time: _____

Div: 11 Sect: 2 Blk/Row: _____ Lot: 6 Gr: 6

Grave Laid out by: DAVID

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED

E 20234

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

65 Y/o

1A. NAME OF 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	-	JORDAN JR	12/18/1941	06/02/2007	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	ELBERT HARRISON, BROTHER 6055 TICKNOR CT 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	6/14/07

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 ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	06/14/2007	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 6-18-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 20234

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ICAD3310 LEMON GROVE CA

XXXXXXXX8972 Deposit to XXXXXX2637 Checking

Check Amount $696.00

Ser. No. 6226

Check Amount $180.00

Ser. No. 6227

Total Deposit $876.00
Balance $1,980.15

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E20234

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: Moses Jordan

Address: 223 Henson 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.

x Elbert Harrison (brother) x 6-5-07

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 SSI, Treasury deposits

D. Luge 6/5/07

Approved by Date

Current SSI documents verified on:
Approved By D. Luge
Date 6/5/07

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

E 20234

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: March 18, 2006
Claim Number: 566-58-1745 DI

B80 SC06,M02,161,038300 000038300 01 AV 0.278

MOSES JORDAN
6769 EL CAJON BLVD
NO 20
SAN DIEGO CA 92115-1624

Type of Payment:
Individual–Disabled

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

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

Your Payments Will Be Changed As Follows:

From	Through	Amount Due Each Month
April 1, 2006	Continuing	$182.00 This includes $182.00 from the State of California.

Why Your Payments Changed

Your SSI consists of 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 $182.00 will be sent to you about the first day of April 2006.

See Next Page

SSA-L8151

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-4-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jo Ann Henderson 208549

in a Liner (Type of Burial Container) Funeral, date, time Friday June 8 1:00

Church, Chapel, Graveside Anderson-Rogsdale 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 11 Section 2 Blk/Row — Lot 107 Grave 5

Grave space & Care Fund E-7195	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 60090	1,094.93
Balance due	Ø

PAID

JUN 5 2007

MOUNT HOPE CEMETERY

MORT 2 Pay

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.

216670

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

X _____ Signature

X Brenda Marie Rivers Print Name

X 26088 Bay Avenue Address

X Moreno Valley, CA 92555 City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 20235

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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✓

E20235

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

			Carpenter	McBride		
	JABBAR		X	BYRNE		
			Randolph	LeDay		

Flagged Yes X **No**

Blind Check Initiated By: Kevin Date: 6/4/07

Interment space for: Jo Ann Henderson

Interment Date: Friday June 8 Time: 1:00 graveside

Div: 11 Sect: 2 Blk/Row: ____ Lot: 107 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 20235

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOANN	-	HENDERSON	09/08/1946	06/03/2007 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	BRENDA MARIE RIVERS, SISTER 26088 BAY AVENUE MORENO VALLEY, CA 92555

7A. 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	Sienna Lopez	06/06/2007

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	06/06/2007	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 6/8/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kenneth Fallows	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A *CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR* FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/6/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jimison, Meredith 230879

in a Liner (Type of Burial Container) Funeral, date, time Friday, June 8, 11:00

Church, Chapel, Graveside Pilgrim Progressive Baptist 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 210 Grave 11

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66.00
Sales taxes 0 TAX Total	3,068.00
Total Due	3,068.00
Paid receipt number R-60091	0
Balance due	0

PAID
JUN - 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.

230880

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

X M. Jimison II
Signature

Meredith A. Jimison II
Print Name

4474 Market St.
Address

San Diego CA 92102
City Zip Code

(619) 501-2011
Telephone

Invoice # _____

Work Order # E 20236

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E 20236

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH Ø

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

BURIAL CONTAINER Liner

		Bennett				
	Carter		X			
	Carlenes	Scott		Childs		

agged **Yes** ✓ **No**

nd Check Initiated By: Pauleee Date:

erment space for: Jimison Meredith

erment Date: 06/08/07 ~~Monday~~ FRIDAY Time: 11:00 Friday

: 12 Sect: 2 Blk/Row: Lot: 210 Gr: 17

ave Laid out by: Norman Ferguson

rees with Legal Card: ☐ Yes ☐ No

rees with Map: ☐ Yes ☐ No

nd Check & Verified By: Date:

EMAINS WERE PLACED

E 20236

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

44

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MEREDITH	ANTHONY	JIMISON	02/27/1963	05/28/2007	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	RAYNA JIMISON, WIFE 4750 SOLOLA #102 SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	6/8/07

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is an of the dispositions authorized by Section 10305A of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	06/08/2007	WILMA WOOTEN, MD ▶

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

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 6-8-07	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*

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND 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
10 chairs

Date 06/11/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Magdalena Parra Castaneda ⊗ 230907

in a N/A (Type of Burial Container) Funeral, date, time MON ~~Weds.~~ June 18, 10:00

Church, Chapel, Graveside ; American 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 305 Grave 1

Grave space & Care Fund	566.–
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.–
Burial Container N/A	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.–
Sales taxes	
Total Due	850.–
Paid receipt number R-68094	850.–
$150 Credit Card Balance due	0

PAID
JUN 11 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.

230906

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

Maria Mendez-Castro
Signature

MARIA MENDEZ-CASTRO
Print Name
463 oaklawn ave Apt-A
Address
Chula Vista CA 91910
City Zip Code
(619)691-6822
Telephone

Invoice # _____

Work Order # E 20237

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20237

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH Ø

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

BURIAL CONTAINER N/A

	VINCENT			BELL	TREE	
	HENSLEY					
			X			
	DAVIS		HALMON	HAIGHT		
		NYE	GALE			

agged Yes X No

nd Check Initiated By: KEVIN Date: 6/12/07

erment space for: Magdalena Castenada ~~Ø~~

erment Date: 6-13-07 Time: 10:00 GS

r: 8 Sect: 4 Blk/Row: ____ Lot: 305 Gr: 1

ave Laid out by: Norman Ferguson

rees with Legal Card: ☐ Yes ☐ No

rees with Map: ☐ Yes ☐ No

nd Check & Verified By: ____ Date: ____

EMAINS WERE PLACED Right Side

E 20237

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 6183 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
MAGDALENA	PARRA	CASTANEDA	03/02/1930	04/18/2007	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	MARIA MENDEZ CASTRO, DAUGHTER 463 OAKLAWN AVE. #A 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
AMERICAN CREMATION SERVICE, 6136 MISSION GORGE ROAD, STE 100 SAN DIEGO, CA 92120	FD1752	▶	04/25/2007

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	THIS PERMIT IS ISSUED IN 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	04/27/2007	▶ WILMA WOOTEN, 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: 6-18-07	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: 5-6-7	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 OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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

Pin # 230886

Date 6-12-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard McKague FA.# 20071420

in a Double Depth Crypt B (Type of Burial Container) funeral, date, time Thurs. June 14 1:00

Church, Chapel, Graveside _____ . Preferred Mortuary 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 13 Section ~ Blk/Row ~ Lot 21 Grave 3B

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	776.23
Paid receipt number A P041341	776.23
Balance due	Ø

PAID

JUN 14 2007

MOUNT HOPE CEMETERY

P.A. Darnell Price Fax 858-694-3981

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 See attached Zip Code

X _____ Telephone

Paulette

Invoice # _____

Work Order # E 20238

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6-12-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard McKague PA. # 2007 1420

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside Preferred Mortuary 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 13 Section ~ Blk/Row ~ Lot 21 Grave 3B

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	776.23

P.A. Darnell Price Fax 858-694-3987

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 Darnell Price - PA
Signature

X DARNELL PRICE
Print Name

X 5201A RUFFIN RD
Address

X SAN DIEGO 92123
City Zip Code

X 858 694 3507
Telephone

Invoice # ____

Work Order # E 20238

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123-1699

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 10-12-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard McKague PA # 2007 1420

in a Double Depth Crypt (Lot or Burial Number) Funeral, date, time

Church, Chapel, Graveside Preferred Mortuary Mark

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

will be added and billed to undersigned ____

Division 13 Section ~ Blk/Row ~ Lot 21 Grave 3B

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	
Flower vases – Market setting fee	
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	776.23

PA Purnell Price Fax 858-694-3987

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 (d) / hold under deed.

x ____ Signature

x [signature] Firm Name

x 6163 University ave Address

x San Diego Ca 92115 City Zip Code

x 619 584-7000 Telephone

[signature]

Work Order # E 20238

Invoice # ____

Acct # ____

This information is available in alternative formats upon request

E20238

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
JEAN M. SHEPARD, DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN
5201 A RUFFIN ROAD, SAN DIEGO, CA 92123-1696
(858) 694-3500 FAX (858) 694-3987

CHARLES E. MATTHEWS III
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

FAX COVER SHEET

DATE: 6-12-07

TO FAX #: 619 527 3403

NAME: PAULETTE

AGENCY: MT. HOPE

FROM: DARNELL PRICE

PHONE: (858) 694-3507

FAX: (858) 694-3987

SUBJECT: MC KAGUE, RICHARD

NUMBER OF PAGES: 1 (NOT INCLUDING THIS COVER SHEET)

MESSAGE: INTERMENT ORDER ATTACHED

CONFIDENTIALITY NOTICE:
This Fax, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this fax is not the intended recipient, or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this fax is prohibited. If you have received this fax in error, please notify the sender by replying to this fax immediately.

E 20238

43

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RICHARD	-	MCKAGUE	03/23/1964	04/10/2007	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	Darnell Price, Public Administrator 5201-A Ruffin Road San Diego, CA. 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person Acting as Agent	8B. DATE SIGNED
Preferred Cremation & Burial 6163 University Ave. San Diego, CA 92115	FD1746	▶ Mark Jenkins	05/22/2007

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	Mark Jenkins 06/04/2007	▶ 2700862

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED: 6-14-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Kevin F Janney	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 20238

Richard McKague

PA 2,077,420

[illegible] 30 [illegible] MORE GENETIC
3451 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 06/13/87 TIME: 08:52:02
MER#: 322156665644 STA#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 13- 0002 3B
BATCH: 303
CD TYPE: VISA
TR TYPE: PR

TOTAL: $776.23M

ACCT: **********0301 EXP: ****
AP: 1041341 AVS: ZIP MATCH
CUST CO: 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

TOP COPY MERCHANT BOTTOM COPY-CUSTOMER

Patrick Mall

E20238

Richard McKague
PA 32071420

[illegible] OF SD MT HOPE CENTER
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 06/13/07 TIME: 08:52:02
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 13- 0002 3B
BATCH: 303
CD TYPE: VISA
TR TYPE: PR

TOTAL: $776.23M

ACCT: **********0301 EXP: ****
AP: 041341 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 [illegible]-MERCHANT BOTTOM COPY-CUSTOMER

Patrol Mail

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6-12-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard McKague PA.# 2007 1420

in a Double Depth Crypt B (Type of Burial Container) Funeral, date, time Thurs. June 14 1:

Church, Chapel, Graveside _____ ; Preferred Mortuary 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 13 Section ~ Blk/Row ~ Lot 21 Grave 3B

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	776.23
Paid receipt number A P041341	776.23
Balance due	Ø

PAID
JUN 14 2007
MOUNT HOPE CEMETERY

P.A. Darnell Price Fax 858-694-3987

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

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

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Paulette

Invoice # _____

Work Order # E 20238

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E 20238

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 6/15/07		From: Paulette
To: Mr. Gregg Ojedi		Telephone #: (619) 527-3400
Telephone #:		Fax #: (619) 527-3403
Fax #: 858-694 3987		Pages (including this cover sheet):
Subject: re: PA 20071420		

COMMENTS: Please call me @ 619-527-3400 to confirm that you recieved the fax of the interment order and receipt for payment.

Thanks Paulette

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/12/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus Enriquez 230903

in a T.S. Vault (Type of Burial Container) Funeral, date, time Friday June 15 @ 12:00

Church, Chapel, Graveside _____ : Guadalupana Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 203 Grave 8

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	265.49
Flower vases – Marker setting fee	263.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	3,510.00
Paid receipt number R60098	3510.00
Balance due	Ø

PAID
JUN 13 2007
MOUNT HOPE CEMETERY

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.

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

Signature

Maria Campos 230902
Guadalupana Mortuary
Print Name
2601 Imperial Ave
Address
S.D. CA 92102
City Zip Code
619 5449333
Telephone

Invoice # _____

Work Order # E 20239

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20239

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH _____

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

BURIAL CONTAINER TS VAULT

				NELSON		
			X	HURD		PEGASON
				DIXON		

agged Yes X No

nd Check Initiated By: KEVIN Date: 6-13-07

erment space for: Jesus Enriquez

erment Date: 6/15/07 Time: 12:00

r: 12 Sect: 2 Blk/Row: ____ Lot: 203 Gr: 8

ave Laid out by: Norman Ferguson

rees with Legal Card: ☐ Yes ☐ No

rees with Map: ☐ Yes ☐ No

nd Check & Verified By: _____ Date: _____

EMAINS WERE PLACED _____

E 20239

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

20 Y/o

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JESUS	-	ENRIQUEZ	06/15/1986	06/06/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARIA CAMPOS, MOTHER 721 CARDIFF 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
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶	06/14/2007

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	06/14/2007	▶ WILMA WOOTEN, MD

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

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST,SAN DIEGO,CA,92102	11B. DATE BURIED 6-15-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. Kamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 6/12/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cleveland, Stephen 230888

in a Liner (Type of Burial Container) Funeral, date, time Friday, June 15 10:00

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 236 Grave 8

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-60101	3,358.93
Balance due	Ø

PAID
JUN 14 2007
MOUNT HOPE CEMETERY

Mortuary to pay

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.

A. Rosier
Signature

Angela Rosier 230887
Print Name

2079 Crystal Clear Drive
Address

Spring Valley, CA 91978
City Zip Code

619 377-9898
Telephone

Invoice # _____

Work Order # E 20240

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

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

60101

Date: 6-14, 2007

From: Anderson-Ragsdale Address: 5050 Federal Blvd, SD CA 92102

Three Thousand, Three hundred fifty-Eight 93/00 - Dollars ($ 3,358.93)

In Full Payment of Interment of Stephen Cleveland Services.

Div 12 Sec 2 Blk/Row Lot 236 Grave 8

Invoice No. E-20240

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☑ Check 14885

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

PAID

JUN 14 2007

MOUNT HOPE CEMETERY

ISSUED BY [illegible]

CREDIT	67007	452.80
20% Sales Care	77184	
80% Sales	100	1811.20
of Lots	77184	
Opening/	100	533.00
Closing	77181	
Burial	100	270.00
Containers	77182	206.00
	100	
Handling Fee	77185	65.00
Recording &	100	
Misc. Fees	77183	
Sales Tax	60101	20.73
	78390	
TOTAL PAID	$	3,358.93

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

E 20240

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH Ø

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

BURIAL CONTAINER Liner

BELL	NAILON					
		YOUNG	X			REM
			WADE			

.agged **Yes** X **No**

nd Check Initiated By: KEVIN Date: 6-13-07

erment space for: Stephen Cleveland

erment Date: Friday June 15th Time: 10:00 A.M.

r: 12 Sect: 2 Blk/Row: ____ Lot: 236 Gr: 8

ave Laid out by: Norman Ferguson

rees with Legal Card: ☐ Yes ☐ No

rees with Map: ☐ Yes ☐ No

nd Check & Verified By: ____ Date: ____

EMAINS WERE PLACED ____

E 20240

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
STEPHEN	ANDRE	CLEVELAND	07/25/1986	06/09/2007	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 K CLEVELAND, MOTHER 250 65TH 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 making permit)	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sennika Pryor	06/13/2007

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	06/13/2007	▶ WILMA WOOTEN, 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 6-15-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Lamar	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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

20 Chairs if possible

Date 6-12-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 211236 Henry Koide & for Grace Koide

in a Double-Depth A (Type of Burial Container) Funeral, date, time SATURDAY June 16 (10:00)

Church, Chapel, Graveside _____ Benbough (619) 253-7311 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Only

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 4804 Grave 1

Grave space & Care Fund E-14733	Ø
Overtime/Late Arrival Fees SATURDAY FEE	851.-
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	3,081.77
Paid receipt number R-60097	3,081.77
Balance due	Ø

PAID

JUN 13 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.

230904

I hereby authorize the interment in lot I hold under deed.

Lisa Koide Halverson
Signature

Lisa Koide Halverson
Print Name

2183 Manchester Ave.
Address

Cardiff, CA 92007
City Zip Code

(760) 632-1120
Telephone

Paulette

Invoice # _____

Work Order # E 20241

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20241

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 TBD/

	FURUYA	—	KONISHI			
	HUTCHINSON	McCOY	X	LYNCH		COMEAUX
	SUN	RUSSEL	KOIDE		OISUKA	

Flagged **Yes** X **No** ____

Blind Check Initiated By: KEVIN Date: 6-13-07

nterment space for: Henry Koide

nterment Date: 6-16-07 (SAT Time: 12:30 PM

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4864 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

REMAINS WERE PLACED ____

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61780

Date: 7-2, 20 09

From: Lisa Kate Halvers Address: 2183 Manchester av Cardiff Ca 92007

Five hundred, twelve 00 Dollars ($ 512.88)

in Fill Payment of Foundation / Border w/ 2 monument vases for ROIDE

Div 11 Sec Blk/Row Lot 4864 Grave 1

Invoice No. E-20241

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
JUL 2 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		
Handing Fee	77185		
Recording &	100		
Misc. Fees	77183	432.	40
Sales Tax	60101	6.	48
	78390		
TOTAL PAID	$	512	88

AC-212A (11-08) 13

This information is available in alternative formats upon request.

E20241

87 4/0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HENRY	SHIGEO	KOIDE	12/01/1919	06/12/2007	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	LISA HALVERSON, DAUGHTER 2183 MACHESTER AVE. CARDIFF, CA 92007

7A. TYPED NAME AND ADDRESS OF 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 Shrier	06/15/2007

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	06/15/2007	▶ 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)

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 DIEGOCA 92102	11B. DATE BURIED 6-16-07	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.)

Pre-need
LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/13/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rogers, Carl E 226383

in a Liner (Type of Burial Container) Funeral, date, time Mon, June 18, 2007 @ 2p.m.

Church, Chapel, Graveside _____ Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. _____

Division 7 Section 17 Blk/Row _____ Lot 9 Grave 2

Grave space & Care Fund	D-2987	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		
Sales taxes		
Total Due		0
Paid receipt number		
Balance due		0

PAID
JUN 14 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.

Louise Bezio
Signature

LOUISE BEZIO
Print Name
5589 MT. ACARA DR.
Address
SAN DIEGO, CA, 92111
City Zip Code
858-277-7133
Telephone

Invoice # _____

Work Order # E 20242

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20242

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

	Bourbeau	Farrington				
		Dowell	X	Rogers	Jones	
	Needles			Lina	Jordan	

Flagged **Yes** X **No** ____

Blind Check Initiated By: Kevin Date: 6-13-07

Interment space for: Carl E. Rogers

Interment Date: 6/18/07 Mon Time: 2pm

Div: 7 Sect: 17 Blk/Row: ____ Lot: 9 Gr: 2

Grave Laid out by: David

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED ____

E20242

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 102

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CARL	EMIL	ROGERS	01/25/1905	06/10/2007	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	LOUISE BEZIO, DAUGHTER 5589 MOUNT ACARA DRIVE 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 charge	8B. DATE SIGNED
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE PO BOX 88 SAN DIEGO, CA 92112	FD843	▶ Richard King	06/13/2007

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	06/13/2007	▶ 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
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 6-18-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kent 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

Low Income

Date 6/13/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lopez, Alejandro P. 230901

in a Liner (Type of Burial Container) Funeral, date, time Monday, June 18, 2007

Church, Chapel, Graveside CA Burial Mortuary 10.00 Mass

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 14 Grave 2

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number 60096	1,679.47
Balance due	0

PAID
JUN 13 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.

Rosa Lopez
Signature

Military

Rosa Lopez 230900
Print Name

3212 Belle Isle
Address

San Diego, CA 92105
City Zip Code

619/838-4249
Telephone

Invoice # _____

Work Order # E 20243

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20243

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

60096

Date: 6/13/2007, 20 ___

From: Rosa Lopez Address: 3212 Belle Isle
San Diego CA 92105 Dollars ($ 1,679.47)

in ___ Payment of Alejandro Lopez 'intermont E-

Div 11 Sec 2 Blk/Row ___ Lot 14 Grave 20243

Invoice No. ___

Acct. No. ___

W.O. ___

BALANCE DUE 0

☐ Money Order
☐ Charge
☒ Check 5402

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
JUN 13 2007
MOUNT HOPE CEMETERY

ISSUED BY C Maria ✓

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	266	50
Closing	77181	135	—
Burial	100		
Containers	77182	103	00
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	32	50
Sales Tax	60101	10	47
	78390		
TOTAL PAID	$	1,679	47

AC-212A (11-05)
This information is available in alternative formats upon request.

E20243

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 LINEI

	FENCE		LINE	BUSH		
			X			

Flagged Yes X **No** _____

Blind Check Initiated By: LEVIN Date: 6-13-07

Interment space for: ALEJANDRO LOPEZ

Interment Date: JUNE 18 2007 Time: NOON

Div: 11 Sect: Z Blk/Row: _____ Lot: 14 Gr: Z

Grave Laid out by: DAVID

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E 20243

Revised February 2007

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: Alejandro P. Lopez

Address: 3776 Herman Ave # 308

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.

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program AR initial

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.

Ana Lopez Daughter 6/13/07

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 SSA Award

Current ✓ documents verified

Maria G. Lovensley 6/13/07

Approved by Date

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E 20243

Su nueva cantidad de beneficio

NOMBRE DEL BENEFICIARIO ALEJANDRO P LOPEZ

209580

Su beneficio de Seguro Social aumentará un 3.3 por ciento en el 2007, debido al aumento del costo de vida. Usted puede usar esta carta cuando necesite un comprobante de la cantidad de su beneficio para recibir cupones de alimento, subsidios de alquiler, asistencia de energía, préstamos bancarios, o para otros asuntos.

¿Cuánto recibiré y cuándo?

- Su nueva cantidad mensual (antes de deducciones) es $969.00.
- La cantidad que deducimos para el seguro médico de Medicare es $0.00.
  (Si no tenía Medicare a partir del 15 de noviembre de 2006. o si alguien paga su prima, indicamos $0.00.)
- La cantidad que deducimos para su plan de Recetas médicas de Medicare es $0.00.
  (Si usted no eligió la retención a partir del el 1º de noviembre de 2006, indicamos $0.00.)
- La cantidad que deducimos para la retención voluntaria de impuestos federales es $0.00.
  (Si no eligió la retención voluntaria de impuestos a partir del 15 de noviembre de 2006 indicamos $0.00)
- Después de cualquier otra deducción, depositaremos en su cuenta de banco el 3 de enero del 2007. $969.00

Si no está de acuerdo con estas cantidades, debería escribirnos dentro de 60 días de la fecha en que recibió esta carta.

¿Qué pasa si tengo preguntas?

Visite nuestro sitio de Internet ***www.segurosocial.gov*** para obtener información general sobre el Seguro Social o llame al **1-800-772-1213** y hable con un representante entre las 7 a.m. a 7 p.m. en días de trabajo. Tenemos información y servicios pregrabados disponibles 24 horas al día. Nuestras líneas están más ocupadas a principios de la semana y del mes. Por eso, es mejor que llame en otro momento. Si es sordo o tiene problemas de audición, puede llamar a nuestro número TTY **1-800-325-0778**. Si está fuera de los Estado Unidos, puede comunicarse con cualquier embajada o consulado de los EE.UU., o la Oficina Regional de Asuntos de Veteranos en Manila. Tenga disponible su número de Seguro Social completo cuando llame o visite e inclúyalo en cualquier carta que envíe al Seguro Social. Si está en los Estados Unidos, también puede visitar su oficina local.

1333 FRONT STREET
SAN DIEGO CA

209580

BNC#: 06B1664H62898

Vea al dorso ➤

209580*COLA*BM-BP*V02*L003

PRESORTED
FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

SOCIAL SECURITY ADMINISTRATION
WESTERN PROGRAM SERVICE CENTER
PO BOX 2000
RICHMOND CA 94802-1791

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

Asegúrese de visitar nuestro sitio de Internet: *www.segurosocial.gov*

209580**********AUTO** 3-DIGIT 921
ALEJANDRO P LOPEZ
3776 HERMAN AVENUE
APT 808

E20243

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83 Y/O

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALEJANDRO	PEREZ	LOPEZ	04/24/1924	06/12/2007	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	ROSA LOPEZ, DAUGHTER 3212 BELLE ISLE DR. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶	

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	06/15/2007	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 6-18-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Lot

Date 6/13/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for mother

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 7 Section 3 Block _____ Lot 1 Grave 8

PAID

MAY 27 2008

MOUNT HOPE CEMETERY

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 P-00860	600.—
Balance due	1664.—

I hereby certify I am the for 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.

230892

I hereby authorize the interment in lot I hold under deed.

X Jose R. Rios
Signature

Jose R. Rios
Print Name

7414 Mesa College Dr.
Address

San Diego CA 92111
City Zip Code

Telephone

New address as of 5/2008
634 Devon Place
Escondido CA 92025

Invoice # _____

Work Order # E 20244

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

5/29 Deed mailed

© Printed on recycled paper

Rios, Jose E-20244

7414 Mesa College Dr., SD CA 92111

Div 7 - Sec 3 - Lot 1 - Gr 8

			DEBIT	CREDIT	BALANCE
6-13-07	Pre-need lot trust with $600 down		2264.00		2264.-
	monthly payments of $69.33	P-00860		600-	1664-
7-17-07	Coupon # 1	P-00898		300-	1364-
8-16-07	" 2	P-00937		300-	1064-
9-18-07	" 3	P-00972		200-	864-
11-05-07	" 4	P-01033		200.-	664.-
11/27/07	" 5	P-01053		100-	564-
12/17/07	" 6	P-01072		100-	464-
2-4-08	" 7	P-01124		200-	264.-
4/7/08	" 8	P-01189		75.00	189-
5/5/08	" 10	P-01223		100.-	89.00
5/27/08	# 11	P-01251		89.-	Ø

Remaining to 20%

PAID

MAY 27 2008

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P00898

Date: 7-17, 20 07

From: Sylvia Pena Address: on file

Three hundred and ee Dollars ($ 300.-)

in part Payment of Pre-need lot only. Coupon #1

Div 7 Sec 3 Blk/Row — Lot 1 Grave 8

Invoice No. E-20244

Acct. No.

W.O.

BALANCE DUE $ 1,364.-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
16 2007
MOUNT HOPE CEMETERY

CREDIT	67007
20% Sales Care	77184
Pre-Need	60033
Trust	77186

300.-

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 2093

ISSUED BY Paulette

TOTAL PAID $ 300.-

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

P00937

Date: Aug 17, 20 07

From: Sylvia Lara Address: on record

Three Hundred and 00 Dollars ($ 300.-)

in Part Payment of Pre-need lot, coupon 2

Div 7 Sec 3 Blk/Row Lot 1 Grave 8

Invoice No. E-20244

Acct. No.

W.O.

BALANCE DUE Ø

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2107

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 16 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	300.-
Trust	77186	

TOTAL PAID $ 300.-

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 00972

Date: 9-17-07, 20 ____

From G. Pena Address: on file

Two hundred Dollars ($ 200 —)

in Part Payment of Pre-need lot · Coupon #3

Div 7 Sec 3 Blk/Row ____ Lot 1 Grave 8

Invoice No. E-20244

Acct. No. ____

W.O. ____

BALANCE DUE $ 864 —

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

SEP 18 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	200 —
Trust	77186	
TOTAL PAID		$ 200 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge 2175

☑ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01033

Date: 11-5, 20 07

From: Sylvia Pena Address: On file

Two Hundred and 00 Dollars ($ 200.-)

in part Payment of PN Lot Coupon 4

Div 7 Sec 3 Blk/Row Lot 1 Grave 8

Invoice No. E-20244

Acct. No.

W.O.

BALANCE DUE $ 664.-

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 2146

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV - 5 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	200 -
Trust	77186	
TOTAL PAID		$ 200 -

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01053

Date: 11/27, 20 07

From: Jose R. Rios Address: on file

One hundred Dollars ($ 100.-)

in full Payment of PN lot, coupon #5

Div 7 Sec 3 Blk/Row Lot 1 Grave 8

Invoice No. E-20244

Acct. No.

W.O.

BALANCE DUE $564.-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
NOV 27 2007
MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	100.-
Trust	77186	

TOTAL PAID $ 100.-

☑ Pre-Need Lot ☐ Money Order
☐ Pre-Need Trust ☐ Charge
☑ Check 2161

ISSUED BY P.C.

AC-212 (11-05)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01072

Date: 12/17, 2007

From: Rena, Sylvia Address: on file

One hundred Dollars ($100.—)

in full Payment of Pre-need Lot Coupon # 6

Div 7 Sec 3 Blk/Row Lot 1 Grave 8

Invoice No. E-020244

Acct. No.

W.O.

BALANCE DUE $464.00

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 2173

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
DEC 17 2007
MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	100.—
Trust	77186	
TOTAL PAID	$	100.—

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01124

Date: 2-4, 20 08

From: Sylua Pena Address: on file

Two hundred and 00 Dollars ($ 200.-)

in part Payment of Pre-need lot #7

Div 7 Sec 3 Blk/Row Lot 1 Grave 8

Invoice No. E-20244

Acct. No.

W.O.

BALANCE DUE $ 264.-

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 2198

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 4 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	200.-
Trust	77186	
TOTAL PAID	$	200.-

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01189

Date: 4-7, 20 08

From: Jose Rios Address: on file

Dollars ($ 75.-)

in part Payment of PN lot

Div 7 Sec 3 Blk/Row Lot 1 Grave 8

Invoice No. E-20244

Acct. No.

W.O.

BALANCE DUE

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 2220

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
APR 07 2008
MOUNT HOPE CEMETERY

ISSUED BY PC

CREDIT	67007	
20% Sales Care	77184	
~~Pre-Need~~	63033	~~100%~~ 75 - 20%
~~Trust~~	77186	
PC.		
TOTAL PAID	$	75 -

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 01223

~~Date:~~ 5/5, 2008

From: Jose R-Rios Address: on file

One hundred and 00/00 Dollars ($ 100.-)

in part Payment of Pre-need lot

Div 7 Sec 3 Blk/Row Lot 1 Grave 8

Invoice No. E-20244

Acct. No.

W.O.

BALANCE DUE $ 89.-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAY 5 2008

MOUNT HOPE CEMETERY

CREDIT	67007	100 -
20% Sales Care	77184	
Pre-Need	63033	100 ✓
Trust	77186	

PC

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 2223 ISSUED BY P.U.

TOTAL PAID $ 100 -

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01251

Date: 5/27, 2008

From: JOSE RIOS Address: on file

Eighty-nine Dollars ($ 89 —)

in ~~part~~ Payment of Pre-need lot/trust, Coupon #11 (final pay)

Div 7 Sec 3 Blk/Row ____ Lot 1 Grave 8

Invoice No. E-20244

Acct. No. ____

W.O. ____

BALANCE DUE $ Ø

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check

AC-212 (11-05) 117510101

This information is available in alternative formats upon request

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAY 27 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	89 —
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	89 —

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 6/13/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shegog, Gerald 230981

in a Liner (Type of Burial Container) Funeral, date, time Tuesday, June 19 11:00

Church, Chapel, Graveside _____ : CA BURIAL Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 11 Section 2 Blk/Row _____ Lot 16 Grave 6

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
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 R-60099	1,679.47
Balance due	Ø

PAID
JUN 14 2007
MOUNT HOPE CEMETERY

I hereby certify I am the Daughter Myesha Scott of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold/under deed.

Myesha Scott
Signature

Myesha Scott 230980
Print Name
3545 Grove St #128
Address
Lemon Grove, CA 91945
City Zip Code
(619) 278-9417
Telephone

ARMY

Invoice # _____

Work Order # E 20245

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

LOW-INCOME

mailed appl. 7-16-07

E 20245

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH _____

ite in the name of the deceased for which the grave is for in the ck marked with "X". Place the name's, lot # and grave # of all sting marker's in the appropriate space(s) that are adjacent to burial space.

BURIAL CONTAINER LINER

		FENCE WATCH FOR IRRIGATION LINES				
			X	TEA UNIT? KEEP EYES OPEN		

agged Yes X No

nd Check Initiated By: KEVIN Date: 6-15-07

erment space for: GERALD SHEGOG

erment Date: 6/19/07 Time: 11AM

r: 11 Sect: 2 Blk/Row: ____ Lot: 16 Gr: 6

ave Laid out by: Norman Ferguson

rees with Legal Card: ☐ Yes ☐ No

rees with Map: ☐ Yes ☐ No

nd Check & Verified By: _____ Date: _____

EMAINS WERE PLACED _____

E20245

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

54

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GERALD	-	SHEGOG	08/28/1952	06/11/2007	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	MYESHA SCOTT, DAUGHTER 3545 GROVE STREET #128 LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
▶ Victoria Mitchell	6/14/07

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	06/14/2007	▶ 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 6-19-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Ken F. Jempo	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.)

E20245

Revised February 2007

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: Gerald Shegog

Address: 5646 Mc Hugh

City: San Diego State CA Zip Code 92117

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

		Annual Income			Annual Income
☒	(1)	$13,980 (12840)	☐	(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.

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program. LRS initial

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.

Jess R Shegog (Wife) 6/13/07

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 _____

Current Bank documents verified

Approved by 6/14/07

Date

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E20245

SD Medical
FEDERAL CREDIT UNION

STATEMENT OF ACCOUNT

SEE REVERSE SIDE FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS TO DISPUTE REGULATION E AND BILLING ERRORS.

SEND / DIRECT INQUIRIES TO:
8889 Rio San Diego Drive, Suite 100
San Diego, CA 92108-1673
PHONE (619) 641-1100 FAX (619) 641-1111
www.sdmedical.org

Account Number	
220700	
Social Security Number	
From	To
05/01/07	05/31/07
Page	
1	

GERALD SHEGOG
5646 MCHUGH ST
SAN DIEGO CA 92114

0001417-0001417

Have you tried our new eStatements service yet?
It's FREE and easy to use.
Sign up today by logging into I.C.U. - our Internet Credit Union, at sdmedical.org and clicking on the eStatements button. Then just follow the prompts. It's that easy!
For more info call 619-641-1100 or email us at eStatements@sdmfcu.org

POSTING DATE	I.D. NO./ EFF. DATE	TRANSACTION DESCRIPTION	PAYMENT CREDITS OR DEBITS	FINANCE CHARGE	FEES OR CHARGES	TRANSACTION AMOUNT	BALANCE
05/01	ID 00	REGULAR SHARE Balance Forward					15.06
05/01		Deposit US TREASURY 220				1059.58	1074.64
		TYPE: VA BENEFIT ID: 3111036002					
05/01		Withdrawal				60.00-	1014.64
05/01		Withdrawal				603.00-	411.64
05/02		Withdrawal				11.00-	400.64
05/03		Withdrawal				60.00-	340.64
05/08		Withdrawal at ATM #000000004914				20.00-	320.64
		ATM SAN DIEGO MEDICAL FCU 3350 LA JOLLA					
		VILLAGE D SAN DIEGO CA					
05/08		Withdrawal at ATM #000000005010				20.00-	300.64
		ATM SAN DIEGO MEDICAL FCU 3350 LA JOLLA					
		VILLAGE D SAN DIEGO CA					
05/19		Withdrawal at ATM #000000006652				20.00-	280.64
		ATM SAN DIEGO MEDICAL FCU 3350 LA JOLLA					
		VILLAGE D SAN DIEGO CA					
05/19		Withdrawal at ATM #000000006673				20.00-	260.64
		ATM SAN DIEGO MEDICAL FCU 3350 LA JOLLA					
		VILLAGE D SAN DIEGO CA					
05/19		Withdrawal at ATM #000000006679				40.00-	220.64
		ATM SAN DIEGO MEDICAL FCU 3350 LA JOLLA					
		VILLAGE D SAN DIEGO CA					
05/21	05/20	Withdrawal at ATM #000000006689				20.00-	200.64
		ATM SAN DIEGO MEDICAL FCU 3350 LA JOLLA					
		VILLAGE D SAN DIEGO CA					
05/21		Withdrawal				30.00-	170.64
05/21		Withdrawal				65.00-	105.64
05/21		Withdrawal at ATM #000000006845				20.00-	85.64
		ATM SAN DIEGO MEDICAL FCU 3350 LA JOLLA					
		VILLAGE D SAN DIEGO CA					
05/23		Withdrawal at ATM #000000007081				20.00-	65.64
		ATM SAN DIEGO MEDICAL FCU 3350 LA JOLLA					
		VILLAGE D SAN DIEGO CA					
05/24		Deposit by Check				3.25	68.89
05/25		Withdrawal at ATM #000000007462				20.00-	48.89
		ATM SAN DIEGO MEDICAL FCU 3350 LA JOLLA					
		VILLAGE D SAN DIEGO CA					
05/31		Withdrawal Excess W/D Fee				6.00-	42.89
05/31		Deposit Dividend 0.995%				0.17	43.06
		Annual Percentage Yield Earned 0.90% from 05/01/07 through 05/31/07					
05/31		Ending Balance					43.06
		Dividends Paid Year to Date				0.22	

---------- ATM Withdrawals and Other Charges ----------

Date	Amount	Description	Date	Amount	Description
05/08	20.00	Withdrawal at ATM	05/21	20.00	Withdrawal at ATM
05/08	20.00	Withdrawal at ATM	05/21	20.00	Withdrawal at ATM
05/19	20.00	Withdrawal at ATM	05/23	20.00	Withdrawal at ATM
05/19	20.00	Withdrawal at ATM	05/25	20.00	Withdrawal at ATM
05/19	40.00	Withdrawal at ATM			

9 ATM Withdrawals or Other Charges for 200.00

4,327

E20245

SD Medical
FEDERAL CREDIT UNION

SEND / DIRECT INQUIRIES TO:
8889 Rio San Diego Drive, Suite 100
San Diego, CA 92108-1673
PHONE (619) 641-1100 FAX (619) 641-1111
www.sdmedical.org

STATEMENT OF ACCOUNT

SEE REVERSE SIDE FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS TO DISPUTE REGULATION E AND BILLING ERRORS.

Account Number	
220676	
Social Security Number	
From	To
03/01/07	03/31/07
Page	
1	

GERALD SHEGOG
LOIS R JONES-SHEGOG
3663 BIECH ST
SAN DIEGO CA 92113

0006156-0006156

Have you tried our new eStatements service yet?
It's FREE and easy to use.
Sign up today by logging into I.C.U. - our Internet Credit Union, at sdmedical.org and clicking on the eStatements button. Then just follow the prompts. It's that easy!
For more info call 619-641-1100 or email us at eStatements@sdmfcu.org

POSTING DATE	I.D. NO./ EFF. DATE	TRANSACTION DESCRIPTION	PAYMENT CREDITS OR DEBITS	FINANCE CHARGE	FEES OR CHARGES	TRANSACTION AMOUNT	BALANCE
03/01	ID 00	REGULAR SHARE Balance Forward					0.00
03/01		New Share Fee				5.00	
03/01		Deposit				5.00	5.00
03/01		Deposit by Check				1070.00	1075.00
03/02		Withdrawal				500.00-	575.00
03/02		Withdrawal				200.00-	375.00
03/02		Withdrawal				20.00-	355.00
03/05		Withdrawal				65.00-	290.00
03/05		Withdrawal				100.00-	190.00
03/05		Withdrawal				50.00-	140.00
03/09		Withdrawal				40.00-	100.00
03/09		Withdrawal Transfer				100.00-	0.00
		To SHEGOG,GERALD 220700 Share 00					
03/09	ID 00	REGULAR SHARE Closed					
		*** This is the final statement you will receive for this account ***					
		*** Please retain this final statement for tax reporting purposes ***					
		Dividends Paid Year to Date				0.00	

12,516

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6-13-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joe Alfred Taylor 230896

in a 0-Liner (Type of Burial Container) Funeral, date, time Friday June 15 10:00

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 92 Grave 5

Grave space & Care Fund	142.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.-
Burial Container 12½"L x 7"W x 7"H	99.-
Handling Fees	36.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	7.67
Total Due	527.67
Paid receipt number R60100	527.67
Balance due	Ø

PAID

JUN 14 2007

MOUNT HOPE CEMETERY

Mort. 2 Pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

230895

Print Name _____

Address _____

City _____ Zip Code _____

See attached

Telephone _____

Invoice # _____

Work Order # E 20246

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20246

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH N/A

ite in the name of the deceased for which the grave is for in the ck marked with "X". Place the name's, lot # and grave # of all sting marker's in the appropriate space(s) that are adjacent to burial space.

BURIAL CONTAINER O LINEL 4'X2'

WELLS		BETEL	X	VAULT BOX		
		BELL	TITUS			
			AUSTIN			

agged Yes X No

nd Check Initiated By: KEVIN Date: 6-13-07

erment space for: JOE ALFRED TAYLOR

erment Date: 6/15/07 Fri Time: 10AM

r: 12 Sect: 1 Blk/Row: ____ Lot: 92 Gr: 5

ave Laid out by: DAVID

rees with Legal Card: ☑ Yes ☐ No

rees with Map: ☑ Yes ☐ No

nd Check & Verified By: ____ Date: ____

EMAINS WERE PLACED ____

E20246

City of San Diego

SAN DIEGO PARK & RECREATION DEPARTMENT
AMERICA'S FINEST

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 6-13-07	From: Paulette
To: Joseph	Telephone #: (619) 527-3400
Telephone #: Anderson Ragsdale	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: 6/13/07	Time faxed to Mortuary: 1:28 pm
Burial fee amount due: $ 527.07	Burial service for: Joe & Fred Taylor
Due date of burial fee: Thursday 6/14	48-hour prior to service
Date of burial service: Friday 6/15	Time of burial service:
Church Chapel Graveside	Location: Mt. Hope Cemetery
Prepared by: Paulette	Cemetery staff
Mortuary Approval (print name):	
Signature from Mortuary Staff:	
Date faxed back to Mt. Hope Cemetery:	06/13/2007
Comments:	
Thank you Paulette	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6-13-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joe Alfred Taylor IV

in a D-Liner Funeral, date, time Friday June 15 10:00

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 92 Grave 5

Grave space & Care Fund	142.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.-
Burial Container	99.-
Handling Fees	36.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	7.67
Total Due	527.67

Mort. 2 Pay

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 for I hold under deed

Signature S Wells

Sherell Wells
Print name

6908 Bullock Drive
Address

San Diego, CA 92114
City Zip Code

619 7737989
Telephone

Invoice # _____

Work Order # E 20246

Acct # _____

REA-104 (3-04)

This information is available in alternative formats upon request

Joe Alfred Taylor IV

E20246

MESSAGE CONFIRMATION

06-13-2007 13:19
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
06-13	00'49"	6192631507	CALLING	02	OK	0000

06-13-2007 13:17 SD MT. HOPE CEMENTERY → RAGSDALE NO.196 P01

City of San Diego

SAN DIEGO PARK & RECREATION DEPARTMENT
AMERICA'S FINEST

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 6-13-07	From: Paulette
To: Joseph	Telephone #: (619) 527-3400
Telephone #: Anderson-Ragsdale	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: 6/13/07	Time faxed to Mortuary: 1:28 pm

E20246

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	ALFRED	TAYLOR, IV	06/04/2007	06/04/2007	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	SHERELL WELLS: MOTHER 6908 BULLOCK DRIVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	▶ Jennika Pryor	06/13/2007

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	S.PRYOR 06/14/2007	▶ 2700939

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6-15-07	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

At-Need

City of San Diego

Date 06-14-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAWNNA WRIGHT 230899 PIN

in a Liner (Type of Burial Container) Funeral, date, time Weds June 20

Church, Chapel, Graveside 10AM : 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 8 Grave 1

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-60105	3,358.93
Balance due	0

PAID
JUN 18 2007
MOUNT HOPE CEMETERY

Mortuary to Pay
Anderson Ragsdale
Guarantor x Mother

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.

PIN 230898

x Marilyn Brock
Print Name

I hereby authorize the interment in lot I hold under deed.

x Marilyn Brock
Signature

x 1615 Pentecost Way
Address
Unit 5
City
x 252-6924
Telephone
Zip Code

Paulette

Invoice # _____

Work Order # E 20247

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20247

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH _____

ite in the name of the deceased for which the grave is for in the ck marked with "X". Place the name's, lot # and grave # of all sting marker's in the appropriate space(s) that are adjacent to burial space.

BURIAL CONTAINER LINER

		(HAD ONE)				
				LEE	ESPINOSA	
		CURB TEL. LINE	X	BIBBENS		BLOOM 7

agged **Yes** X **No** ____

nd Check Initiated By: KEVIN Date: 6-18-07

erment space for: DAWNNA WEIGHT

erment Date: 6/20/07 Time: ____

r: 12 Sect: 2 Blk/Row: ____ Lot: 8 Gr: 1

ave Laid out by: Norman Ferguson

rees with Legal Card: ☐ Yes ☐ No

rees with Map: ☐ Yes ☐ No

nd Check & Verified By: ____ Date: ____

EMAINS WERE PLACED ____

E20247

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DAWNNA	DENIZE	WRIGHT	11/15/1975	06/12/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARILYN BROCK, MOTHER 1615 PENTECOST WAY #5 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 listed in item 6	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sonnika Pryor	06/18/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT *NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA*	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	06/18/2007	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 6-20-07	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 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.)

E20248

20 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 06/15/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Romel Hampton Jr. 230921

in a Liner (Type of Burial Container) Funeral, date, time Friday June 22 11:30

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 11 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 AP082051	1,000.00
AP708988 VISA	679.47
Balance due	0

PAID
JUN 20 2007
MOUNT HOPE
AP 0049397 Pd 6/26/07
$178.00

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

Paulette

Jamie Wallace 230920
Print Name

5416 Lenox Dr #A
Address

San Diego 92114
City Zip Code

(619) 227-5751
Telephone

Invoice # _____

Work Order # E 20248

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

LOW-INCOME

E20248

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH _____

ite in the name of the deceased for which the grave is for in the ck marked with "X". Place the name's, lot # and grave # of all sting marker's in the appropriate space(s) that are adjacent to burial space.

BURIAL CONTAINER LINER

	FENCE		LINE			
			X	MELENDEZ GRAVE SUNKEN + WET		
		HALLOL				
	HALLAN	HALLOLY				WILLIAMS

agged Yes X No

nd Check Initiated By: KEVIN Date: 6/20/07

erment space for: ROMEL HAMPTON JR

erment Date: Fri. June 22 Time: 11:30

r: M Sect: 2 BlkRow: ____ Lot: 11 Gr: 5

ave Laid out by: DAVID & KEN

rees with Legal Card: ☑ Yes ☐ No

rees with Map: ☑ Yes ☐ No

nd Check & Verified By: _____ Date: _____

EMAINS WERE PLACED _____

Revised February 2007 E20248

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: Romel Hampton Jr.

Address: 5416 Lenox Dr #A

City: SD 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.

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program Jer initial

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.

Janine Dallaa 6/15/07

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 HHS Payment Worksheet

Current HHS documents verified

Approved by 6/15/07

Date

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E20248

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

1255 IMPERIAL AVENUE, SAN DIEGO, CALIFORNIA 92101-7439

Request For Payment Information

Case Name: Wallace, Jamie
Case Number: B765265
Date: 06-15-07

The following is provided in response to your request for verification of the benefits which you are receiving.

	Month of APRIL	Month of MAY	Month of JUNE
AFDC	$ 584	$ 584	$ 584
Food Stamps	$ 247	$ 247	$ 247
Other _____	$ /	$ /	$ /

Eligibility Technician: [signature] ET #: SC21 Telephone Number: (619) 266-3809

07-69 (11/86) File: Misc. (03/90)

PLEASE SEND REPLY TO OFFICE CHECKED:

- ☐ 220 S. FIRST STREET, EL CAJON, CA. 92020
- ☐ 5201-K RUFFIN ROAD, SAN DIEGO, CA. 92123
- ☐ 5501-72ND STREET, SAN DIEGO, CA. 92115
- ☐ 1255 THIRD AVENUE, CHULA VISTA, CA. 92011
- ☐ 620 E. VALLEY PARKWAY, ESCONDIDO, CA. 92025
- ☐ 2500 IMPERIAL AVENUE, SAN DIEGO, CA. 92102
- ☐ 318 N. HORNE STREET, OCEANSIDE, CA. 92054
- ☐ 2500 MARKET STREET, SAN DIEGO, CA. 92101

E- 20248 | Hampton

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301022156665644

DATE: 06/26/07 TIME: 14:45:26
MERH: 322156665644 STR#: 4301 TERM: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 389
CD TYPE: VISA
TR TYPE: MP

TOTAL: $178.00M

ACCT: ##########7883 EXP: ####
AP: 004397 AVS: ZIP-MATCH
V-CODE MATCH

I AM/WE HEREBY ACKNOWLEDGES RECEIPT OF
GOODS AND/OR SERVICES IN THE AMOUNT OF

E 20248

MESSAGE CONFIRMATION

06/26/2007 14:40
ID=SD MT. HOPE CEMETERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
06 26	00'20"	819 264 1973	CALLING	01	OK	0000

06/26/2007 14:47 MT. HOPE CEMETERY → 98641973 NO.251 P01

E- 20248 | Hampton

[illegible]
[illegible]
[illegible] 29182
[illegible]
[illegible]

DATE: [illegible] TIME: 14:45:26
TERM: [illegible] STAN: 0001 TERM: 0002
[illegible]

REF: 0002
BATCH: 350
ID TYPE: VISA
TS TYPE: MP

TOTAL: $178.00M

ACCT: [illegible] EXP: [illegible]
[illegible] ZIP CODE
[illegible]

E 20248

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 23

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROMEL	-	HAMPTON JR.	05/16/1984	06/13/2007 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	ROMEL HAMPTON SR, FATHER 670 F. STREET, APT. #27 CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	Claudette Ruas	06/21/2007

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	06/21/2007	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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6-22-07	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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 6/18/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frank C. Martin 214200

in a TOPSEAL vault (Type of Burial Container) Funeral, date, time Monday, June 25 1: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 $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 73 Grave 2

Grave space & Care Fund E 16000 & E-16386 _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases – Marker setting fee (Paid) _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Paid in full
Pre need lot
& trust

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.

_____
Signature

X _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

See attached

Invoice # _____

Work Order # E 20249

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-Need Trust

E20249

INTERMENT ORDER

City of San Diego

Date 5-10-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FRANK C. MARTIN 214200

in a TOP SEAL (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 73 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ..... Pre-Need Lot E-16000 0

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... 77181 ..... 375.00

Burial Container ..... TS Vault 77182 ..... 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 125.00

Recording and filing fee 45.00

Sales taxes 18.75

Total Due 998.75

Paid receipt number #53671 ..... 998.75

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 FRANK C MARTIN
Signature

X 6659 MANNING ST
Address

X SAN DIEGO CA 92111
City Zip Code

X (858) 277-1808
Telephone

Work Order # E16386

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20244

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

		COLADO	MOORE	NATHAN		
	BRYANT		X			
	STEWART	WILLIAMS	WILLIAMS			

Flagged **Yes** X **No** _____

Blind Check Initiated By: KEVIN Date: 6/21/0

Interment space for: FRANK MARTIN

Interment Date: 6-25-07 MON Time: 1PM

Div: 12 Sect: 2 Blk/Row: ____ Lot: 73 Gr: 2

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED ____

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

958-271-0757

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61846

Date: July 31, 20 09

From: Albert W. Taylor Trustee Address: 6611 Manning St, SD CA 92111

Seventy-One Dollars ($ 71.00)

in Full Payment of Re-set fee for Ammon L. & Frank C Martin stone

Div 12 Sec 2 Blk/Row Lot 73 Grave 1-12

Invoice No. E-20249

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check 2049

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
JUL 31 2009
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	71.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	71.00

AC-212A (11-08)

This information is available in alternative formats upon request.

E 20249

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

99

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	CARNIE	MARTIN	12/21/1907	06/15/2007	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	ALBERT W TAYLOR, POA 6611 MANNING STREET SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person using permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Jennifer Pryor	06/20/2007

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	06/20/2007	▶ WILMA WOOTEN, 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 STRET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-25-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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.)

2 CHAIRS on grave of ora Kilcrease/ Russell Kilcrease

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/18/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jimmie Upson ⊘ 230923 11:00

in a Ash Vault (Type of Burial Container) Funeral, date, time SATURDAY June 23

Church (Chapel) Graveside Witness : Family/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 2 Section 2 Blk/Row 16 Lot 25 Grave 1

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees Saturday fee	396.00
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	906.06
Paid receipt number Pd by Visa AP# 10356A	906.06
Balance due	Ø

PAID JUN 18 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 See attached Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Paulette

Work Order # E 20250

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

619-668-6655

E 20250

2,2,16,25,1

$310 Sat fee

199 - o/c

104 - o/c

114 - h/f

85 - r/f

8.06 TOY

906.06

$

CITY OF SO MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
1610-527-5474
4001312158665644

DATE: 06/18/07 TIME: 13:17:32
MER#: 022156665644 STR#: 4301 TER#: 0002

E 20250

REF: 0005
BATCH: 304
CD TYPE: VISA
TR TYPE: MP

TOTAL: $906.06M

ACCT: **********6608 EXP: ****
AP: 103568

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 / hold

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

2-2 16-25-1

re: Jimmie Upson

E 20250

2389 Galloway Ave
Bishop, Ca
June 11, 2007

Mt Hope Cemetery
San Diego, Ca

Dear Gentle People:

In the Kilcrease plot at the cemetery there is one vacant space left which is for me, the undersigned.

My sister, Mrs Lenore (Kilcrease) Upson wishes that her ashes and her husbauds ashes be placed in and on the site of Russell and Ora Kilcrease.

In my absence she has full authority to handle what is proper and correct.

Yours truly,

Arthur R. Kilcrease

Arthur R. Kilcrease

State of California County of Inyo

Subscribed and sworn to (or affirmed) Before me on this 12th day of June, 2007, by Arthur R. Kilcrease personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Renelle Keesler

(Seal)

RENELLE KEESLER
COMM. #1681578
NOTARY PUBLIC - CALIFORNIA
INYO COUNTY
COMM. EXPIRES JULY 16, 2010

E 20250

MT HOPE CEMETERY

12 Chairs

GRAVE BLIND CHECK FORM

IN GRAVE WITH Russell Kilcrease / Ora Kilcrease

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

	STANFORD		REED		STALLWORTH	
Decker	KILCREASE		X	KILCREASE		
			~~[illegible]~~ MONUMENT ~~LEFT SIDE~~			

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 6-19-07

Interment space for: Upson, Jimmie

Interment Date: Sat. June 23 Time: 11:00 Chapel arrival

Div: 2 Sect: 2 Blk/Row: 16 Lot: 25 Gr: 1

Grave Laid out by: KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED 2.5 FT FROM MONUMENT LT. SIDE OF G

E20250

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JIMMIE	DON	UPSON	04/10/1934	06/14/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SILVER CITY	NEW MEXICO	LENORE K. UPSON-DOM. PARTNER 3507 LOS ENCINOS SILVER CITY, NM 88062

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
EL CAMINO MEMORIAL-LA MESA 8390 ALLISON AVE. LA MESA CA 91941	FD-296

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT — Person being permitted	8B. DATE SIGNED
		▶	06/20/2007

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	06/20/2007 C GRIER	2700963 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
–	VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 6-23-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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.

E20250

2389 Galloway Ave
Bishop, Ca
June 11, 2007

Mt Hope Cemetery
San Diego, Ca

Dear Gentle People:

In the Kilcrease plot at the cemetery there is one vacant space left which is for me, the undersigned.

My sister, Mrs Lenore (Kilcrease) Upson wishes that her ashes and her husbauds ashes be placed in and on the site of Russell and Ora Kilcrease.

In my absence she has full authority to handle what is proper and correct.

Yours truly,

Arthur R. Kilcrease

Arthur R. Kilcrease

State of California County of Inyo

Subscribed and sworn to (or affirmed) Before me on this 12th day of June, 2007, by Arthur R. Kilcrease

personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Renelle Keesler

(Seal)

MGC1 RENELLE KEESLER COMM. #1681578 NOTARY PUBLIC - CALIFORNIA INYO COUNTY COMM. EXPIRES JULY 16, 2010 MGC1

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/19/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise James ⊗ PIN 209402

in a Ash Vault (Type of Burial Container) Funeral, date, time Thurs, June 21, 2007 @ 1:30

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 2323 Grave 1

Grave space & Care Fund	
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 AP 067018	510.06
Balance due	0

PAID
JUN 19 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.

I hereby authorize the interment in lot I hold under deed.

Signature

Eugene W. James
Print Name
240 CALLE DEL VERANO
Address
PALM DESERT CA 92260
City Zip Code

Telephone

Invoice # ✓

Work Order # E 20251

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20251

FLORIDA DEPARTMENT OF HEALTH

State of Florida, Department of Health, Vital Statistics

APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (TYPE)

1. Name of Deceased	First	Middle	Last	Date of Death	Month	Day	Year
	LOUISE	R.	JAMES		May	8,	2007

2. Place of Death County	City, Town or Location	Name of Hosp. or Inst. (If neither, give street address)
Polk	Winter Haven	Brandywyne Health Care

3. Name of Medical Certifier	Address	Phone Number
Alex I. Garriga M.D. ☐ Medical Examiner ☒ Physician	6721 Crescent Lake Drive, Lakeland, FL 33813	863-687-1321

4. Name of Funeral Home/Direct Disposal Establishment	Address	Fla. Lic. No./Reg. No.	Phone No. (Area Code)
Oak Ridge Funeral Care	2425 Havendale Boulevard, NW Winter Haven, FL 33881	FH9002044	(863) 967-5090

5. Check Appropriate Box

a. ☐ The medical certification has been completed and signed. A completed certificate of death accompanies this application.

b. ☒ _____ was contacted on May 8, 2007. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours.

c. ☐ _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.

6. Funeral Director/ Direct Disposer	Signature	F.E. No./Reg. No.	Date Signed
		FE2814	05/08/2007

B.

BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body. Permit No. 2044-072-07

☒ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☐ No extension of time for filing the death certificate requested.

Registrar or Subregistrar Signature James H. Powell Date Issued: 05/08/2007 Date Certificate Due: 05/18/2007

AUTHORIZATION for CREMATION, DISSECTION, or BURIAL -AT -SEA

Approval Number: 2007-10-C-1397 Date 5-11-07

Medical Examiner, Barbara Appa, gave authorization by telephone to John J. LaManna, Jr. Funeral Director/Direct Disposer. Date 5-11-07

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORY

Methods of Disposition:

☐ BURIAL ☐ STORAGE

☒ CREMATION ☐ OTHER (Specify)

Place of Disposition Steele's Family Funeral Service Winter Haven, Florida

Date of Disposition 5-14-07

Signature of Sexton or Person-in-Charge } Thomas [illegible]

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

DH 326, 8/97 (Obsoletes all previous editions)
(Stock Number 5740-000-0326-2)

Distribution: White: Cemetery or Crematory
Yellow: Funeral Director or Direct Disposer
Pink: Local Registrar

MT HOPE CEMETERY

E 20251

GRAVE BLIND CHECK FORM

IN GRAVE WITH Eugene James

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

	TILTON	LUJAN	LUJAN			
LUJAN	LUJAN	LUJAN	X	ESKELINN	ATKINSON	
		SCHREIBER	SCHREIBER			

Flagged Yes X No

Blind Check Initiated By: KELLIN Date: 6/19/07

Interment space for: Louise James

Interment Date: 6/21/07 THUR Time: 1:30

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2323 Gr: 1

Grave Laid out by: DAVID N.

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED TOP CENTER

E20251

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	R.	JAMES	10/23/1919	05/08/2007	F

[redacted]Y OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]NTER HAVEN	FL	EUGENE W. JAMES, SON 240 CALLE DEL VERANO PALM DESERT CA 92260

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking possession	8B. DATE SIGNED
FITZHENRY FUNERAL HOME PALM DESERT CHAPEL 44-635 SAN RAFAEL, PALM DESERT CA 92260	FD-1571	▶ [illegible]	

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	06/19/2007	▶ 506910/[illegible]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY HEALTH DEPT.
PO BOX 85222, SAN DIEGO CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE 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 6-21-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 06-19-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lapreece Simmons 230925

in a Double "Depth" A " (Type of Burial Container) Funeral, date, time SATURDAY JUNE 23 12:00

Church/Chapel, Graveside _____ Beloved Care Mortuary 661-631-2825

All Funeral cars 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 1994 Grave 1

Grave space & Care Fund E-18712 <09-23-04> 0

Overtime/Late Arrival Fees SAT. FEE 851.-

Opening/Closing & Setup —

Burial Container —

Handling Fees —

Flower vases – Marker setting fee —

Recording/Filing/Transfer Fees —

Sales taxes —

Total Due 851.-

Paid receipt number AP 056528 851.-

Balance due 0

PAID
JUN 20 2007
MOUNT HOPE CEMETERY

Mr. James Gamble

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 attached Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Paulette 619/266-0887 Invoice # _____

Work Order # E 20252 Acct. # _____

REA-104 (3-04) *This information is available in alternative formats upon request.*

© Printed on recycled paper

E-26252 SOT SVC

CITY OF SD MT HOPE CEMETE
3761 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 06/20/87 TIME: 10:30:35
MERC: 322156665644 STOR: 4301 TERM: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 306
CD TYPE: MC
TR TYPE: MP

TOTAL: $851.00M

ACCT: [redacted]6712 EXP: [redacted]
AP: 056528 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

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Pre Need

20252

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/23/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ressie L. Martin 228203

in a DD Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1994 Grave 1

Grave space & Care Fu	PAID	1095 –
Overtime/Late Arrival Fees		
Opening/Closing & Se	SEP 23 2004 413 x 2	826 –
Burial Container		418 –
Handling F	MOUNT HOPE CEMETERY	352 –
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	50 x 2	100 –
Sales taxes		32.40
Total Due		2823.40
Paid receipt number	m/c	2823.40
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.

(R) [signature]

I hereby authorize the interment in lot I hold under deed.

[signature] Minnie Martin
Signature

[signature]

X Minnie MARTIN
Print Name

X 2071 Oriole ST
Address

X San Diego 92114
City Zip Code

X Minnie M (619) 244-8493
Telephone

Invoice # _____

Work Order # E 18712

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 36 20252

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LAPREECE	-	SIMMONS	12/28/1970	06/16/2007 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	CHARLENE SIMMONS, MOTHER 230741 1029 QUAIL 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
BELOVED CARE FUNERAL SERVICE, 115 18TH STREET BAKERSFIELD, CA 93301	FD1807	▶ James Clark	06/20/2007

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	06/21/2007	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-23-07	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.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(619)2343307
Reinterment

Date 6-19-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 20011059

in a DOCRYPT (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside FRT LAW Mortuary Leah

All Funeral cars 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 _____ Grave _____

Grave space & Care Fund	131 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454. —
Burial Container	132. —
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49. —
Sales taxes	10.23
Total Due	776.23
Paid receipt number	776.23
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 20253

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20253
Mort. (Leah) 2254 5307
Will call us
back to see if
Kenny will pay.

E 20253

Crew: Darrayl & Jose

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinterment

Date 05/03/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 20011059 ME# 2268

in a DDCRYPT "B" (Type of Burial Container) Funeral, date, time Weds June 1 10:30

Church, Chapel, Graveside _____ : M.E. Mortuary.

All Funeral cars 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 5 Grave 1B

Grave space & Care Fund E-16249	—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting	
Recording/Filing/Transfer Fees Interment	550.00
Sales taxes	
Total Due	550.00
Paid receipt number R-58875	550.00
Balance due	Ø

PAID
MAY 25 2005
MOUNT HOPE CEMETERY

See E-20253

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

Invoice # _____

Work Order # E 19015

Acct. # _____

See attached for ME signature

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20253

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinterment

Date 06/03/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 20011059 ME # 2268

in a DDCRYPT "B" (Type of Vault/Container) Funeral, date, time Weds June 1 10:30

Church, Chapel, Graveside _____ M.E. Mortuary.

All Funeral cars 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 5 Grave 18

Grave space & Care Fund E-16249 —

Overtime/Late Arrival Fees —

Opening/Closing & Setup —

Burial Container —

Handling Fees —

Flower vases – Marker setting —

Recording/Filing/Transfer Fees Disinterment 550.00

Sales taxes —

Total Due 550.00

Paid receipt number R-58875 550.00

Balance due —

PAID
MAY 25 2005
MOUNT HOPE CEMETERY

I hereby certify I am the San Diego County Medical Examiner of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the ~~interment~~ disinterment in lot I hold under deed.

Gretchen B Geary
Signature

Gretchen B Geary
First name
5555 Overland Ave #14
Address
San Diego 92123
City State Zip Code
858 694 2905
Telephone

Paulette

Work Order # E 19015

Invoice # _____

Acct. # _____

REA-106 (3-04)

This information is available in alternative formats upon request.

CO-2268

E 20253

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 8-7-07

CALL TAKEN BY: Tom

RECEIVED CALL FROM:

☐ MORTUARY NAME:

☐ FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: AUDREY DAVIS (DAUGHTER) OUT OF STATE

TELEPHONE NO:

G011793 180396

NAME OF DECEASED:

LAST NAME: FATHER DANIELS, ALVIN JOHN DOD 9/20/94 12,2,,269,6

FIRST NAME: MOTHER VERY ILL (OUT OF STATE)

DOD: DOB:

VETERAN ☐ BRANCH OF SERVICE:

☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD

FUNERAL SERVICE

TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVESIDE

LOCATION OF SERVICE:

DATE OF SERVICE: TIME OF SERVICE:

EXPECTED ARRIVAL TIME AT MT. HOME:

CEMETERY PROPERTY: ☐ A/N ☐ P/N ☐ P/N TRUST

DIV: 12 SECT: 2 BLK/ROW: LOT: 269 GRAVE: 6

☐ SINGLE GRAVE ☐ CREMATION

☒ DBL DEPTH ☐ 1st BURIAL ☒ 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE ☐ COMMITTAL ☐ GRAVESIDE

☐ WITNESS ONLY ☐ DELIVERY ONLY

☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS:

E20253

E-19015 disint. 5/2005

2002

P.A. 20011054

in grave with Eddie Batties

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/19/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pauline Batties 228986

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time Tues. June 26

Church, Chapel, Graveside L.V. Baptist ; Anderson-Rossdale (Mortuary) Joseph

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row _____ Lot 113 Grave 8

Grave space & Care Fund E-19155	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	
Total Due	598.-
Paid receipt number R-60113	598.-
Balance due	-0-

PAID JUN 22 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

Paulette

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See Attached

Invoice # _____

Work Order # E 20254

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Faxed
6/19/2007
12:04 Joy

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

in grave with Eddie Batties

Date 6/19/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pauline Batties

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time Tues June 26

Church, Chapel, Graveside L.V. Baptist Anderson-Ragsdale (Mortuary)

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Joseph

will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row Lot 113 Grave 8

Grave space & Care Fund E-19155	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 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 Alice Martin
Signature

X ALICE MARTIN
Print Name

X 4902 FIR ST.
Address

X S.D. CA. 92102
City Zip Code

X 619-262-7787
Telephone

Paulette

Invoice #

Work Order # E 20254

Acct. #

This information is available in alternative formats upon request.

Mortuary to pay

MT HOPE CEMETERY

20254

GRAVE BLIND CHECK FORM

GRAVE WITH Eddie Batties

ite in the name of the deceased for which the grave is for in the ck marked with "X". Place the name's, lot # and grave # of all sting marker's in the appropriate space(s) that are adjacent to burial space.

BURIAL CONTAINER DD CRYPT "B"

		Christensen	Cleveland	Barajas		
	Wilder	Marshall	Flower Vase	Page	Drake	
		Welch		Young		

agged Yes X No

nd Check Initiated By: Kevin Date: 6/25/07

erment space for: Pauline Batties

erment Date: Tues June 26 Time:

r: 11 Sect: 1 Blk/Row: Lot: 113 Gr: 8

ave Laid out by: David & Ken

rees with Legal Card: ☑ Yes ☐ No

rees with Map: ☑ Yes ☐ No

Flower Vase in Grave

nd Check & Verified By: Date:

EMAINS WERE PLACED

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

78 20254

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	-	BATTIES	02/25/1929	06/18/2007	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	ALICE MARTIN, DAUGHTER 4902 FIR STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sunnie Martin	06/20/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed status herein is on of the dispositions authorized by Section 103065 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	06/20/2007	▶ 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)

BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-26-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/20/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alfredo Gonzalez PIN 230910

in a T3 VAULT (Type of Burial Container) Funeral, date, time Friday, June 22 @ 10am

Church, Chapel, Graveside Lady of Guadalupe: Guadalupana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 201 Grave 10

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-60110	3,507.51
Balance due	0

PAID
JUN 20 2007
MOUNT HOPE CEMETERY

I hereby certify I am the Family Representative of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 230909

I hereby authorize the interment in lot I hold under deed.

Signature

GUADALUPANA
Print Name

2601 IMPERIAL AV.
Address

SAN DIEGO CA
City Zip Code

619 544 9333
Telephone

Invoice # _____

Work Order # E 20255

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

20255

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

		PRIOL				
				TREE		
			X	BELL	JOHNSON	
			EDMONDS	DOMINGUEZ		

Flagged Yes X No

Blind Check Initiated By: KEVIN Date: 6/20/07

Interment space for: ALFREDO GONZALEZ

Interment Date: 6/22/07 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 201 Gr: 10

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED ____

20255

41

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALFREDO	ANDRES	GONZALEZ	09/28/1965	06/12/2007	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	ALBERTO GONZALEZ, BROTHER 4142 ESTRELLA AVENUE SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶ Joe Chavez	06/21/2007

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	06/21/2007	▶ 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 MOUNT HOPE CEMETERY,3751 MARKET ST,SAN DIEGO,CA,92102	11B. DATE BURIED 6-22-07	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.**

20 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/20/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred Murray

in a _____ Funeral, date, time Mon, June 25 11:00

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 _____

Veteran's Section

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees — Mock set up	71.00
Sales taxes	
Total Due	71.00
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature

Kathleen Murry
Print Name

1847 FABLED WATERS DR.
Address

Spring Valley 91977
City Zip Code

619-303-8153
Telephone

Invoice # _____

Work Order # E 20256

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 6-21-07

Pin: 230926

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHRIS SOLOMON P.A. #20071591

in a DD CRYPT (Type of Burial Container) Funeral, date, time Tues, June 26 12:30

Church, Chapel, Graveside Delivery ; 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 13 Section ~ Blk/Row ~ Lot 22 Grave 2A

Grave space & Care Fund	131.00
Overt'me/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 AP086814	776.23
Balance due	Ø

PAID
JUN 26 2007
MOUNT HOPE CEMETERY

fax 858-694-3987

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Invoice # _____

Acct. # _____

Work Order # E 20257

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20257

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

60

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHRIS	-	SOLOMON	07/13/1946	05/14/2007	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	DARNELL PRICE, PUBLIC ADMINISTRAT 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ [signature]	05/29/2007

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		$11.00	06/15/2007	▶ WILMA WOOTEN, 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 6-26-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER 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.)

E20257

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 06/26/07 TIME: 12:20:06
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 309
CD TYPE: VISA
TR TYPE: MP

TOTAL: $776.23M

ACCT: **********0301 EXP: ****
AP: 006014
CUST CD: 091 TAX: 0.00

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X Phone/fax

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Interment of
Chris Solomon P.A. #
20071591
Division 13 Lot 22 Gr. 2A

E20257

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
JEAN M. SHEPARD, DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN
5201 RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(858) 694-3500 FAX (858) 694-3987

CHARLES E. MATTHEWS II
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

FAX COVER SHEET

DATE: 6-22-07

TO FAX #: 619 527 3463

NAME: PAULETTE

AGENCY: MT. HOPE CEMETERY

FROM: CAROLYN PRICE

PHONE: (858) 694- 3507

FAX: (858) 694-3987

SUBJECT: SOLOMON, CHARLES

NUMBER OF PAGES: 1 (NOT INCLUDING THIS COVER SHEET)

MESSAGE: INTERMENT ORDER ATTACHED
PLEASE SEND INVOICE

CONFIDENTIALITY NOTICE:
This Fax, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this fax is not the intended recipient, or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this fax is prohibited. If you have received this fax in error, please notify the sender by replying to this fax immediately.

E-20257

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-587-5474
4301322156665644

DATE: 06/26/07 TIME: 12:20:06
MERCH: 322156665644 STRN: 4301 TERM: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 309
CD TYPE: VISA
TR TYPE: MP

TOTAL: $776.23M

ACCT: xxxxxxxxxxxx8301 EXP: xxxx
AP: 006014
CUST CO: 691 TAX: 0.00

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

Phone/fax

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Interment of
Chris Solomon P.A #
2007 1591
Division 13 Lot 22 Gr 24

E20257

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHRIS SOLOMON

in a DD CRYPT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ BREFERRED Mortuary

All Funeral cars must arrive before 5:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 13 Section _____ Blk/Row _____ Lot 27 Grave 3

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	776.23

Paid receipt number _____

Balance due _____

PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA

I hereby certify I am the DEPUTY PA of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I 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 and under deed

Darnell Price
Signature

DARNELL PRICE
Print name

5201A RUFFIN RD
Address

SAN DIEGO 92123
City Zip Code

858 694 3507
Telephone

Invoice # _____

Work Order # E 20257

Acct. # _____

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES A. JOHNSON 230929

in a LINER (Type of Burial Container) Funeral, date, time 6-27 11:30 AM

Church, Chapel, Graveside ; DONDERSON 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 244 Grave 3

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Galv vase #5634 Flower vases / Marker setting fee Pd AP 072932 6/25	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
MORTUARY TO PAY Paid receipt number	
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.

230928

I hereby authorize the interment in lot I hold under deed.

Signature

DONNA JONES
Print Name
7943 SAN FELIPE ST.
Address
SAN DIEGO, CA. 92114
City Zip Code
619-698-4606
Telephone

Invoice # _____

Work Order # E 20258

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20258

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

	SANDRA	SHINGLETON				
	FRANKLIN		X			
	HEYWARD	VASE				

Flagged Yes X **No** _____

Blind Check Initiated By: KEVIN Date: 6/25/07

Interment space for: JAMES JOHNSON

Interment Date: WED 6-27-07 Time: 11:30AM

Div: 12 Sect: 2 Blk/Row: _____ Lot: 244 Gr: 3

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20258

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
JAMES	ALLEN	JOHNSON	11/04/1944	06/20/2007	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	DONNA JONES, SISTER 7943 SAN FELIPE 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	Donna Jones	06/26/2007

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		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	11.00	06/26/2007	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 6-27-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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
Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/21/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Bowman

in a DO Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 77 Grave 7

Grave space & Care Fund E-17258	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container $539 - $250 paid on E-17258	289.00
Handling Fees $454 - $185 paid on E-17258	269.00
Flower vases – Marker setting fee Marker Inc. $178 + Flower Vase $65.71	243.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	22.39
Total Due	1,422.10
Paid receipt number R-60116	1,499.71
Balance due credit over	77.61

PAID JUN 25 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.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20259

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20259

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: June 27, 2007		From:
To: Ramsey - Conservator		Telephone #: (619) 527-3400
Telephone #: 619		Fax #: (619) 527-3403
Fax #: 619-542-4969		Pages (including this cover sheet): 3
Subject: Charles Bauman Pre-need Contract (Burial)		

COMMENTS:

Ramsey - Going through the figures (again) we realized the amount is lower than the original estimate.
I can send you a "Request for Refund" form to reimburse the fund for the price difference.
Please provide an address where I can mail the form.

E20259

- $598.00
658.00
$1256.00

$1,499.11

(619)
977-9512

Charles Bauen

PLEASE ADDRESS CORRESPONDENCE REGARDING THIS PAYMENT

COUNTY OF SAN DIEGO
HHSA, REPRESENTATIVE PAYEE FOR SSA, SSI
AND OTHER AGENCY BENEFICIARIES
P.O. BOX 122028 SAN DIEGO, CA 92112-2028

E 20259 00009886

CLIENT NAME	CASE NUMBER	DESCRIPTION	AMOUNT
BOWMAN, CHARLES,	00723056	OTHER	$1,499.71

SUPERIOR PRESS • (888) 590-7998 JB797355

E20259

MESSAGE CONFIRMATION

06/21/2007 15:40
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
06/21	00'00"	99779512	CALLING	00	NG	14CF

06/21/2007 15:24 SD MT. HOPE CEMENTERY → 99779512 NO.218 P01

E 20259

MT. HOPE CEMENTERY

FAX TRANSMISSION

Date: 06/21/2007	From: Maria Dovensky
To: Charles Bowman Conservator	Telephone #: (619) 527-3400
Telephone #	Fax #: (619) 527-3403
Fax #: 619 977-9512	Pages (including this cover sheet):
Subject: Charles Bowman Burial Arrangements	

COMMENTS

E20259

MESSAGE CONFIRMATION

06-27-2007 10:32
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
06-27	00'55"	95424969	CALLING	03	OK	0000

06-27-2007 10:31 SD MT. HOPE CEMENTERY → 95424969 NO.254 P01

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: June 27, 2007	From:
To: Ramsey - Conservator	Telephone #: (619) 527-3400
Telephone #: 619	Fax #: (619) 527-3403
Fax #: 619-542-4969	Pages (including this cover sheet): 3
Subject: Charles Bauman Pre-need Contract (Burial)	

COMMENTS:

Ramsey - Going through the figures (again) we realized the amount is lower than the original estimate.
You send us a "Request for Refund" form

E20259

Pre-need R. Etrust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-7-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mary W. Hamilton

in a T.S. vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 77 Grave 7 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund PAID IN FULL	—
Opening/Closing & Setup 9-25-02	375.00
Burial Container R-55439	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1,769.38
Paid receipt number R-55293 Down Payment	1500.00
Balance due	269.38

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 of recorded holder of deed

Barbara J Bauman (342)
Signature

4153 Idaho St #9
Address

San Diego, CA 92104
City Zip Code

(619) 283-2784
Telephone

Invoice # _____

Work Order # E 17258

Acct. # _____

EA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/22/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roscoe Neely 217175

in a TS vault (Type of Burial Container) Funeral, date, time Mon, June 25 @ 11:00

Church, Chapel, Graveside _____ ; Featheringill Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 73 Grave 5

Grave space & Care Fund	E-7080	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	E-7081	
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		
Sales taxes		
USN/WWII	Total Due	0
	Paid receipt number	
	Balance due	

I hereby certify I am the Agent Wilhemena Cotman of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Wilhemena Cotman
Signature

WILHEMENA COTMAN
Print Name

2003 BAY View Hts D #255
Address

SAN DIEGO Ca 92105
City Zip Code

(619) 262-3149
Telephone

Invoice # _____

Work Order # E 20260

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20260

E20260

Pre need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/9/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roscoe Neely

in a Top Seal Vault (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside ; Feathergill 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 Yes - WW2 -

Lot 73 Grave 5 Row See E-7080 Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... See E-7080	PD
Additional spaces and care fund	none
Opening/Closing & Setup ..... Trusted & Paid	320.00
Burial Container ..... Sealed County	175.00
Handling Fees ..... Labor fee Setting	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.00
Total Due	710.00
Paid receipt number 35411	710.00
Balance due	0

PAID
DEC 09 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the 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 agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Roscoe Neely
Signature

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 7081

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 35411

Date 12/9 1987

From Roscoe Neely Address 3150 Martin Ave. SD 92113

Dollars ($ 710.00)

In full payment for Trusted for Interment for Roscoe Neely - Lot 73 Grave 5 Row Section 2 Division 11

Invoice No.

Acct. No. E-7081

W.O.

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 3484

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	710 00
Sales Tax	60101 78390	
TOTAL PAID	$	710 00

ISSUED BY Jeffrey Stitt

E20260

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

				TAYLOR	WESLEY	
	SCHULER	SCHULER	X	WHEATON	GARRETT	
					DOBBS	DOBBS

Flagged Yes X No ____

Blind Check Initiated By: KEVIN Date: 6-22-07

Interment space for: Roscoe Neely

Interment Date: Mon 6/25/07 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 73 Gr: 5

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED ____

E20260

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

88

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROSCOE	-	NEELY	01/31/1919	06/19/2007	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	WILHEMENA COTMAN, DPOA 2003 BAY VIEW HEIGHTS DR. SP.#255 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
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Dorris	06/22/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	06/22/2007	WILMA WOOTEN, MD ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 6-25-07	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 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 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

Date 6-22-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BETTY HOLLOWAY Ø 227786

in a ASH VAULT (Type of Burial Container) Funeral, date, time AYD 07/10/07

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 2 Section 5 Blk/Row _____ Lot 14 Grave 5

Grave space & Care Fund (1893)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number R-60119	510.06
Balance due	Ø

PAID

JUN 25 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 230973 Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See Attached

Invoice # _____

Work Order # E 20261

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20261

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH MURRAY HOLLOWAY & HENRY SHAUBUT
ite in the name of the deceased for which the grave is for in the
ck marked with "X". Place the name's, lot # and grave # of all
sting marker's in the appropriate space(s) that are adjacent to
burial space.

BURIAL CONTAINER ASH VAULT

	Oliver W		X			
		Destroyed				

agged Yes X No
nd Check Initiated By: KEVIN Date: 7/9/07

erment space for: BETTY HOLLOWAY

erment Date: 7/10/07 Time: AM

r: 2 Sect: 5 Blk/Row: ____ Lot: 14 Gr: 5

ave Laid out by: DAVID

rees with Legal Card: ☑ Yes ☐ No

rees with Map: ☑ Yes ☐ No

nd Check & Verified By: ____ Date: ____

EMAINS WERE PLACED FOOT OF GRAVE

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-22-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BETTY HOLLOWAY

in a ASH VAULT (Type of Burial Container) Funeral, date, time

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 2 Section 5 Blk/Row ____ Lot 14 Grave 5

Grave space & Care Fund (1893)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number	
Balance due	

I hereby certify I am the Kelloway of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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: Kelloway

Print Name: STEPHAN HOLLOWAY

Address: 2120 TANBARK LN

City: FORT LAUDERDALE Zip Code: FL 33312

Telephone: 954-792-6322

Invoice # ____

Work Order # E 20261 Acct. # ____

REA-104 (3-04) This information is available in alternative formats upon request.

© Printed in [illegible]

E20261

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 6-22-07	From: MT. HOPE
To: STEVE HOLLOWAY	Telephone #: (619) 527-3400
Telephone #: 954-792-6372	Fax #: (619) 527-3403
Fax #: 954-585-6022	Pages (including this cover sheet): 1
Subject: INTERMENT ORDER	

COMMENTS: PLEASE COMPLETE (x's) & RETURN.

3751 Market Street
San Diego 92102

E20261

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 95 23472

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BETTY	LOOP	HOLLOWAY	03/01/1912	06/19/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	STEPHEN HOLLOWAY, SON 2120 TANBARK LANE FORT LAUDERDALE, FL 33312

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964	▶ Kim Beaubien	06/26/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	06/26/2007	WILMA WOOTEN, MD ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET-SAN DIEGO, CA 92102	11B. DATE BURIED 7-10-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVENUE-COSTA MESA, CA 92626	12B. DATE CREMATED JUN 2 8 2007	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE	

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND *SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.*

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 06/22/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregory Smith

in a TS Vault (Type of Burial Container) Funeral, date, time Friday, June 29 11:00

Church, Chapel, Graveside LV Second Baptist : 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 _____ Section _____ Blk/Row _____ Lot _____ Grave _____

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

VOID See E-20269

Victims of crime

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, hold under deed

Tammie Scott
Signature

Tammie Scott
Print Name

8720 Hurlbut St.
Address

S.D. Calif, 92123
City Zip Code

(858) 565-6260
Telephone

Invoice # _____

Work Order # E 20262

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-22-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YOUSHINA WILLIAMS

in a LINER (Type of Burial Container) Funeral, date, time JUNE 19, 2007

Church, Chapel, Graveside _____ : PREFERRED Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division _____ Section _____ Blk/Row _____ Lot 104 Grave 6

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 # _____

Work Order # E 20263

Acct. # _____

REA-104 (3-04)

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-22-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YOUSHIRIA WILLIAMS

in a LINER (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : PREGERIEGO Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned

Cancelled

Division 11 Section Z Blk/Row Lot 13 Grave 6

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	
Balance due	

7/6/2007 Per Mark Preferred Other arrangements have been made burial was today.

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 20264

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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Low-income

E 20264

Low Income

LINER

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: _____

CALL TAKEN BY: Paulette C.

RECEIVED CALL FROM:

[X] MORTUARY NAME: Preferred - mark

[ ] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: _____

TELEPHONE NO: _____

NAME OF DECEASED:

LAST NAME: Youshnia Williams

FIRST NAME: _____

DOD: _____ DOB: _____

VETERAN [ ] BRANCH OF SERVICE: _____

[ ] REGULAR SIZE CASKET [ ] OVERSIZE [ ] CHILD

FUNERAL SERVICE

TYPE OF SERVICE: [ ] CHURCH [ ] CHAPEL [ ] GRAVESIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____ TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOME: _____

CEMETERY PROPERTY: [ ] A/N [ ] P/N [ ] P/N TRUST

DIV: _____ SECT: _____ BLK/ROW: _____ LOT: _____ GRAVE: _____

[ ] SINGLE GRAVE [ ] CREMATION

[ ] DBL DEPTH [ ] 1st BURIAL [ ] 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE [ ] COMMITTAL [ ] GRAVESIDE

[ ] WITNESS ONLY [ ] DELIVERY ONLY

[ ] P/A DELIVERY [ ] MILITARY DETAIL

SPECIAL INSTRUCTIONS: Tues June 19th 12-2-106-6

Close to Willa Mae Williams

E-18953

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/22/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aleksandr Maravsky 230930

in a double depth (Type of Burial Container) Funeral, date, time Wednesday June 27

Church, Chapel, Graveside _____ ; Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 81 Grave 7

Grave space & Care Fund	2,264.00
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-60115 3896.77
Balance due	0

PAID
JUN 25 2007
MOUNT HOPE CEMETERY

I hereby certify I am the (niece) Ilona Balueva of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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

Ilona Balueva 228362
Print Name

10871 Gerana #A
Address

San Diego, 92129
City Zip Code

(858) 672-2802
Telephone

Invoice # _____

Work Order # E 20265

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20265

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

67

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALEKSANDR	EVGENIVICH	MARAVSKY	10/26/1939	06/23/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	OLEG MARAVSKY, SON 10871 GERANA ST. #A SAN DIEGO, CA 92129

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	FD1424

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
		▶	06/25/2007

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	06/27/2007	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 6/27/07	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 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 6/22/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Harvey Sr. 230933

in a Liner (Type of Burial Container) Funeral, date, time Thurs June 28, 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 $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 209 Grave 12

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-60117	1,794.20
Balance due	1564.73
R-60118	1564.73

PAID

JUN 26 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.

I hereby authorize the interment in lot I hold under deed.

Maria Sabana Harvey
Signature

230931
Print Name MARIA SABANA HARVEY
Address 239 Wisconsin Ave
Chicago CA 92020
City Zip Code
(619) 227 4135
Telephone

Invoice # _____

Work Order # E 20266

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20266

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH _____

ite in the name of the deceased for which the grave is for in the ck marked with "X". Place the name's, lot # and grave # of all sting marker's in the appropriate space(s) that are adjacent to burial space.

BURIAL CONTAINER Liner

			SCOTT	BECKWITH	BOYCE	
			X	TREE		CARTER
		HERMANN		NOLASCO		

agged **Yes** X **No**

nd Check Initiated By: Kevin Date: _____

erment space for: John Harvey Sr.

erment Date: THUR 06/28/2007 Time: 1:00pm

r: 12 Sect: 2 Blk/Row: ____ Lot: 209 Gr: 12

ave Laid out by: KEN

rees with Legal Card: ☑ Yes ☐ No

rees with Map: ☑ Yes ☐ No

nd Check & Verified By: _____ Date: _____

EMAINS WERE PLACED _____

E.20266

Anderson - Ragsdale Mortuary
CA License No. FD-1329
5050 Federal Boulevard ~ San Diego, California 92102
office: **(619) 263-3141** fax: (619) 263-1507
manager@andersonragsdalemortuary.com

John Harvey

Private Visitation for Family on Wednesday at 3:00 PM
Public Viewing 5p.m.-8p.m.
Funeral Services Thursday June 27 at 1:00p.m.
Anderson-Ragsdale Mortuary Chapel

This is a list of things that you will still need to do to complete the arrangements for the Funeral Services:

Confirm day and time with Minister. Is there a fee for Minister **(Normal Honorarium is $150)**

Musician for funeral ? (normal honorarium for musician is $150)

Police Escorts (125 per motorbike)

Go to Mt. Hope Cemetery and select Grave. 527-3400 (**$1564.73** is allotted for plot, balance due will be **$1794.20**)

Bring the **clothing and underclothing** to the Mortuary. Everything he would normally wear, except shoes. (Suit, Shirt, Tie, socks underwear). ***- Please bring in by Tuesday, June 26, 2007 by 12 Noon***

Program Information needed by Tuesday, June 26 by 12 Noon ...Order of Service, obituary and Photo

Flowers: We recommend DAVES FLOWER BOX (El Cajon & Texas St)

Select **Pallbearers** for the Funeral Services. (Normally six adult men)

E20266

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

74

1A. NAME OF 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	-	HARVEY	11/30/1932	06/19/2007	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	MARIA SATAUA, COMPANION 298 WISCONSIN AVENUE #7 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 – FUNERAL DIRECTOR OR PERSON ACTING PERMIT	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Glenn de Pryor	06/21/2007

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
AUTHORIZATION OF LOCAL REGISTRAR		11.00	06/21/2007	▶ WILMA WOOTEN, 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 6-28-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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

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

		DAVIS		ADAMS PEARL WILLIAM		
LEWIS	DeRUBALCAN		X	GENTLE	JEFFERSON	
		TRAMMEL		DAVIS		
			QC			

Flagged Yes X No

Blind Check Initiated By: Kevin Date: 6/25/07

Interment space for: Aleksander Maravsky

Interment Date: 06/27/07 WED. Time:

Div: 12 Sect: 2 Blk/Row: Lot: 81 Gr: 7

Grave Laid out by: DAVID & KEN

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
N. R.

Date 6-25-2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ann E. HAWKINS 230934 11:00am

in a Liner (Type of Burial Container) Funeral, date, time Wednesday June 27

Church, Chapel, Graveside Delivery/Witness : Englewood Cemetery Mortuary

All Funeral cars 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 136 Grave 3

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 ~~Visa AP015998~~ Credit back R60128	4,465.82
Balance due	0

PAID
JUN 25 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.

230905

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 20267

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20267

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

		STEWART	MATTHEW		ALLIS	
	SHEARD		X	JOHNSON	DANIEL	
		JACKSON	BURTS			

Flagged **Yes** X **No** ____

Blind Check Initiated By: LEVIN Date: 6/25/07

Interment space for: Earline Hawkins

Interment Date: Weds. Time: ?

Div: 7 Sect: 14 Blk/Row: ____ Lot: 136 Gr: 3

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CREMAINS WERE PLACED ____

E20267

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 91

1A. NAME OF 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	E.	HAWKINS	09/13/1935	06/20/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
HAWTHORNE	LOS ANGELES	CUMCY HAWKINS, BROTHER 2113 W. IMPERIAL HWY LOS ANGELES, CA. 90047

7A. 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
INGLEWOOD CEMETERY MORTUARY 3801 W. MANCHESTER BLVD. INGLEWOOD, CA.	FD 1101		06/25/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	06/25/2007	Jonathan E. Fielding MD MPH

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 LA, CA. 90012	3851 ROSECRANS STREET SAN DIEGO, CA. 92110

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING – REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 6-27-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Laura F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY --------	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS --------	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED --------	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE --------	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 6-25-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clarizza C. Lopez 230940

in a Liner (Type of Burial Container) Funeral, date, time Saturday June 30 10:00

Church, Chapel, Graveside _____ Cypress View Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 3 Blk/Row _____ Lot 166/167 Grave 1

Grave space & Care Fund	554.-
Overtime/Late Arrival Fees SATURDAY FEE	851.-
Opening/Closing & Setup	277.-
Burial Container	135.-
Handling Fees	71.-
Trionvase Flower vases - Marker setting fee $65.71 + $114.00	< 179.71
Recording/Filing/Transfer Fees	65.-
Sales taxes	1046
Total Due	2,143.17
Paid receipt number R-60122	2,143.17
Balance due	0

PAID JUN 25 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.

230939

I hereby authorize the interment in lot I hold under deed.

x [signature] Signature

x Nena C. Lopez Print Name

x 504 Meadowbrook Dr. Address

x San Diego City 92114 Zip Code

x 619-741-84-34 Telephone

Invoice # _____

Work Order # E 20268

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20268

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 #5 LINER

		#166	167 X		Rucama	

Flagged **Yes** X **No** _____

Blind Check Initiated By: KEVIN Date: 6/25/07

Interment space for: CLARIZZA LOPEZ

Interment Date: SAT 6/30/07 Time: 10 AM

Div: 9 Sect: 3 Blk/Row: _____ Lot: 166/167 Gr: _____

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED

E20268

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 13

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CLARIZZA	CALDO	LOPEZ	12/30/1993	06/21/2007	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	NENA CALDO LOPEZ, MOTHER 504 MEADOWBROOK DR SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-IMPERIAL AVE, 3953 IMPERIAL AVE SAN DIEGO, CA 92113	FD-670	▶ Lisa Castro	06/25/2007

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
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	06/26/2007	▶ WILMA WOOTEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 6.30.07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Neil Morrison		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6-25-07

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregory Smith 230936 11:00am

in a Liner (Type of Burial Container) Funeral, date, time June 29 Friday

Church, Chapel, Graveside LV Baptist Church 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 10 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 B-601266	1,679.47
Balance due	Ø

PAID
JUN 27 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.

I hereby authorize the interment in lot I hold under deed.

Tammy Scott
Signature

Tammy Scott 230935
Print Name

Address 8720 Huelbut St.

City S.D. Calif. Zip Code 92123

Telephone (858) 565-6360

Invoice # _____

Acct. # _____

Paulette

Work Order # E 20269

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Revised February 2007 E20269

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: Gregory Lynn Smith

Address: 8720 Hurlbut St. [redacted]

City: San Diego State CA Zip Code 92123

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

		Annual Income			Annual Income
T.S. ☑	(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.

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program T.S. initial

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.

Jaramie Scott 6/25/07

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 _____

Current _____ documents verified

Kevin F. Jamyra 6/25/07

Approved by Date

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E20269

CALIFORNIA
DRIVER LICENSE
C4986987
CLASS: C
TAMMYE DELORES SCOTT
7085 LEVANT ST APT 7
SAN DIEGO CA 92111
SEX:F
HT:5-03
HAIR:BLK
WT:160
EYES:BRN
DOB:12-08-61
11/13/2002 $19 18 FD/07

CALIFORNIA
IDENTIFICATION CARD
D5935090
GREGORY LYNN SMITH
7085 LEVANT ST 7
SAN DIEGO, CA 92111
SEX:M
HT:5-11
HAIR:BLK
WT:175
DOB:03-17-87
AGE 21 IN 2008
06/24/2008 $19 R6 FD/11

E20269

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

	FENCE		LINE		BLOCKS MAY BE NEEDING	
CULLEN			X			
	EDWARDS	THOMPSON			to BE FIX PLS CHK	

Flagged Yes X No _____

Blind Check Initiated By: KEVIN X Date: 6/26/07

Interment space for: GREGORY SMITH

Interment Date: Fri 6/29/06 Time: _____

Div: 11 Sect: 2 Blk/Row: _____ Lot: 10 Gr: 5

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED

E20269

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	LYNN	SMITH	03/17/1987	06/19/2007	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	TAMMYE SCOTT, MOTHER 8720 HURLBUT 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
SAN DIEGO COUNTY VITAL RECORDS, 2200 HIGHLAND AVENUE. NATIONAL, CA 91950	FD1689	▶ Claudette Rios	06/27/2007

ACKNOWLEDGEMENT OF APPLICANT: *I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103059 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.*

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	06/27/2007	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 6-29-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Lynn 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.)

E 20269

MESSAGE CONFIRMATION

06/26/2007 12:04
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
06 26	00'34"	16195313759	ORLING	02	OK	0020

06/25/2007 12:53 SD MT. HOPE CEMENTERY → 95313759 NO.250 P21

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 6/26/07	From: Maria Dovensky
To: Michael	Telephone #: (619) 527-3400
Telephone #	Fax #: (619) 527-3403
Fax #: 619 531-3759	Pages (including this cover sheet): 2
Subject: Gregory Smith	

COMMENTS:

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6-25-07

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregory Smith

in a Liner (Type of Burial Container) Funeral, date, time June 29 Friday

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 10 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 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

Tammy Scott
Signature

Tammy Scott
Print Name

Address 8720 Huelbut St.

City S.D. Calif. Zip Code 92123

Telephone (858) 565-6360

Invoice # _____

Acct. # _____

Paulette

Work Order # E 20269

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20269

ASSOCIATE IDENTIFICATION	SOCIAL SECURITY NUMBER	CH. LOC.	DEPT.	CLASS	RATE	M/S FED.	M/S ST.	PAY WK ENDING	SEQUENC
TX1051191		10 0546	0919	0109	8.550	S 02	S 02 CA	06/02/07	A31584

991051191

10	0546	0919	0109

07/07/07

VACATION HOURS AVAILABLE

06/02/07

0.00

NA

SCOTT TAMMYE D

EARNINGS		AMOUNT	REDUCTIONS		DEDUCTIONS			
REGULAR	18.97	162.19			FICA TAX	12.41		
					TDI TAX	0.97		
			TOTAL	0.00				
TOTAL EARNINGS		162.19	FEDERAL TAXABLE	162.19	TOTAL DEDUCTIONS	13.38	NET PAY	148.[illegible]

SCOTT TAMMYE D

YEAR TO DATE			
FED TAX	64.89		
FICA TAX	324.24		
TDI/SUI	25.89		
		GROSS	4238.[illegible]
		FED TAXABL	4238.[illegible]

THE FACE OF THIS DOCUMENT HAS A BROWN BACKGROUND ON WHITE PAPER. IT ALSO CONTAINS A WATERMARK - HOLD TO LIGHT TO VIEW.

CH.	LOCATION	DEPARTMENT	CLASS
10	0546	0919	0109

MARSHALLS OF MA INC

ASSOCIATE ID NO.	CHECK DATE
TX1051191	06/08/07

ADVICE NUMBER

A31584

ADVICE OF DEPOSIT

CHECK AMOUNT

*******148.81

AMOUNT DEPOSITED

SCOTT TAMMYE D *** ONE HUNDRED FORTY-EIGHT AND 81/100 DOLLARS
7085 LEVANT STREET # 7
SAN DIEGO CA 92111

NOT NEGOTIABLE

BANK ACCOUNT NO.	BANK NAME
6910761300	WELLS FARGO BANK

THIS PREAUTHORIZED DIRECT DEPOSIT OF YOUR EARNINGS HAS BEEN CREDITED TO THE ACCOUNT NUMBER AND BANK SHOWN ON THIS STATEMENT.

KEEP THIS STATEMENT AS YOUR PERSONAL RECORD OF CREDIT TO YOUR BANK ACCOUNT

JEFFREY GRISSOM
DIRECTOR

ROBERT L. LAFER
CHIEF LEGAL COUNSEL

County of San Diego

DEPARTMENT OF CHILD SUPPORT SERVICES

220 W. BROADWAY, 6TH FLOOR
SAN DIEGO, CA 92101
(619) 236-7600
Mailing Address:
PO Box 122031, San Diego, CA 92112
Payment Address:
STATE DISBURSEMENT UNIT
PO BOX 989067
WEST SACRAMENTO, CA 95798

June 25, 2007

TAMMYE SCOTT
FAX (619)527-3403

PIN: 0801460691

RE: **VERIFICATION OF CHILD SUPPORT**
NCP/Payor: ***HERMAN MORSE JR***
CP/Payee: **TAMMYE SCOTT**
DCSS #: **695267326 C/O#D489952**
Child(ren) Listed on Order: **DAI'SHAWN MORSE**

Dear Sir/Madam,

After reviewing our records, our office ☒ does have ☐ does not have an existing case for the above parties.

Mr./Ms. MR. MORSE was ordered to pay child support to the Payee in the amount of $467.00 per month effective 8/10/2005.

Any time public assistance is paid out on behalf of a minor child, this office is required to transfer any child support collection directly to the Health and Human Services Agency (HHSA) as reimbursement of aid paid. This would also apply to any period in the past in which the minor may have received assistance. We have not reviewed our records to determine whether or not aid has been, or is being, paid out on this case.

The Department of Child Support Services cannot guarantee payments will be received every month.

☒ The last payment received on this account was dated 6/21/07 for $55.40.

Due to our confidentiality mandate (Family Code 17212), we are unable to disclose specific information on this case to anyone not a party to the case or their legal designee. The intent of this legislation is to protect individual rights of privacy for all parties involved in the case.

Additional Comments:

Sincerely,

Karen Hetchko, CSD
(619)236-7600
DCSS Representative

E20269

Big Lots

Run Date: 06/21/07
Run Time: 15:30

Time Card Report

Store Num: 04127
Page Num: 1

Employee: Smith, Gregory L
Pay Period: For 06/03/07 Thru 06/09/07

Employee #: 0412701682 **PayRule:** 02 **Dept:** 00000006 STK-RECVR
Badge #: 0000003271 **Status:** PT **Job:** M00073 StoreAssoc

Date	Type	In	Out	Reg	Ovt1	Ovt2	T-Hrs	Job Code	Dept Code	Code	Hours	Message
06/04/07	ABS			.00	.00	.00	.00	M00073	00000006	?ABS		ABSENT
		Daily Totals		0.00	0.00	0.00						
06/05/07	REG	21:12 C	03:30 N	6.30	.00	.00	6.30	M00073	00000006	?PIL		PUNCH IN LATE
06/05/07	LUN	03:30 N	03:57 N	.00	.00	.00	.50	M00073	00000006	MAN		MANUAL EDIT
06/05/07	REG	03:57 N	05:28 N	1.50	.00	.00	1.50	M00073	00000006	?POL		PUNCHED OUT LA
		Daily Totals		7.80	0.00	0.00						
06/06/07	REG	21:12 C	00:40 N	3.50	.00	.00	3.50	M00073	00000006	?PIL		PUNCH IN LATE
06/06/07	LUN	00:40 N	01:10 N	.00	.00	.00	.50	M00073	00000006			
06/06/07	REG	01:10 N	04:58 N	3.80	.00	.00	3.80	M00073	00000006			
		Daily Totals		7.30	0.00	0.00						

Regular Hours	15.10
Overtime 1 Hours	0.00
Overtime 2 Hours	0.00
Total Hours	15.10

******Premium Hours******

******Exceptions Hours******

Associate Certification

I certify that the above time records are complete and accurate. In addition, I certify that no one has instructed me to report inaccurately my hours worked, meal periods or absences from work. I understand that I must contact my manager if the above time record is inaccurate. I also understand that I must contact my District Manager or Regional Human Resources Manager if I have any unresolved questions or concerns.

Associate Signature

Date

Big Lots

Run Date: 06/21/07 **Store Num:** 04127

Run Time: 15:31 **Time Card Report** **Page Num:** 1

Employee: Smith, Gregory L **Employee #:** 0412701682 **PayRule:** 02 **Dept:** 00000006 STK-RECVRY

Pay Period: For 05/27/07 Thru 06/02/07 **Badge #:** 0000003271 **Status:** PT **Job:** M00073 StoreAssoc

Date	Type	In	Out	Reg	Ovt1	Ovt2	T-Hrs	Job Code	Dept Code	Code	Hours	Message
05/28/07	REG	16:07 C	22:03 C	6.00	.00	.00	6.00	M00073	00000006	?NST		NON SCHEDULED
05/28/07	ERN			.00	.00	.00	4.00	M00073	00000006	HOL		
		Daily Totals		6.00	0.00	0.00						
05/30/07	REG	21:02 C	02:30 N	5.50	.00	.00	5.50	M00073	00000006			
05/30/07	LUN	02:30 N	03:00 N	.00	.00	.00	.50	M00073	00000006	MAN		MANUAL EDIT
05/30/07	REG	03:00 N	05:01 N	2.00	.00	.00	2.00	M00073	00000006	MAN		MANUAL EDIT
		Daily Totals		7.50	0.00	0.00						
05/31/07	REG	20:45 C	01:46 N	5.00	.00	.00	5.00	M00073	00000006	?NST		NON SCHEDULED
05/31/07	LUN	01:46 N	02:24 N	.00	.00	.00	.60	M00073	00000006	?LLUN		LONG LUNCH
05/31/07	REG	02:24 N	05:01 N	2.60	.00	.00	2.60	M00073	00000006			
		Daily Totals		7.60	0.00	0.00						

Regular Hours	21.10
Overtime 1 Hours	0.00
Overtime 2 Hours	0.00
Total Hours	21.10

******Premium Hours******

******Exceptions Hours******

Holiday	4.00
Total Exceptions:	4.00

Associate Certification

I certify that the above time records are complete and accurate. In addition, I certify that no one has instructed me to report inaccurately my hours worked, meal periods or absences from work. I understand that I must contact my manager if the above time record is inaccurate. I also understand that I must contact my District Manager or Regional Human Resources Manager if I have any unresolved questions or concerns.

Associate Signature Date

E20269

Big Lots

Run Date: 06/21/07
Run Time: 15:31

Time Card Report

Store Num: 04127
Page Num: 1

Employee: Smith, Gregory L
Pay Period: For 05/20/07 Thru 05/26/07

Employee #: 0412701682 **PayRule:** 02 **Dept:** 00000006 STK-RECVRY
Badge #: 0000003271 **Status:** PT **Job:** M00073 StoreAssoc

Date	Type	In	Out	Reg	Ovt1	Ovt2	T-Hrs	Job Code	Dept Code	Code	Hours	Message
05/22/07	REG	20:57 C	01:00 N	4.00	.00	.00	4.00	M00073	00000006	?NST		NON SCHEDULED
05/22/07	LUN	01:00 N	01:30 N	.00	.00	.00	.50	M00073	00000006	MAN		MANUAL EDIT
05/22/07	REG	01:30 N	04:59 N	3.50	.00	.00	3.50	M00073	00000006	MAN		MANUAL EDIT
		Daily Totals		7.50	0.00	0.00						
05/23/07	REG	21:17 C	00:57 N	3.70	.00	.00	3.70	M00073	00000006	?NST		NON SCHEDULED
05/23/07	LUN	00:57 N	01:33 N	.00	.00	.00	.60	M00073	00000006	?LLUN		LONG LUNCH
05/23/07	REG	01:33 N	05:02 N	3.40	.00	.00	3.40	M00073	00000006			
		Daily Totals		7.10	0.00	0.00						

Regular Hours	14.60
Overtime 1 Hours	0.00
Overtime 2 Hours	0.00
Total Hours	14.60

******Premium Hours******

*******Exceptions Hours*******

Associate Certification

I certify that the above time records are complete and accurate. In addition, I certify that no one has instructed me to report inaccurately my hours worked, meal periods or absences from work. I understand that I must contact my manager if the above time record is inaccurate. I also understand that I must contact my District Manager or *Regional Human Resources Manager if I have any unresolved questions or concerns.*

Associate Signature _____ *Date* _____

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: June ~~27~~ 25, 2006		From: Maria Dovensky
To: Linda Peña		Telephone #: (619) 527-3400
Telephone #:		Fax #: (619) 527-3403
Fax #: 619 515-8528		Pages (including this cover sheet): 2
Subject: Gregory Smith Burial		

COMMENTS: Linda, Here's the Cemetery Contract information the Mother has yet to chose a grave site location

16195313759
06/26/2007 10:31 16195313759 PAGE 01/01
06/25/2007 12:32 SD MT. HOPE CEMENTERY → 95158528 NO.344 P02

E20269

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6-25-07

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregory Smith

in a Liner (Type of Burial Container) Funeral, date, time June 29 Friday

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 8 Grave 6

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 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 to let it hold under deed.

Tammy Scott
Signature

Tammy Scott
Print Name

Address 8120 Huelbut St.
City S.D. Calif. Zip Code 92123
Telephone (630) 565-6360

Invoice # ____

Acct. # ____

Paulette

Work Order # E 20269

BFA-154 D-041

This information is available in alternative formats upon request.

Post-it™ brand fax transmittal memo 7671 # of pages

To [illegible]	From [illegible]
Co	Co
Dept	Phone #
Fax 619 527-3403	Fax #

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 06/22/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregory Smith

in a TS Vault (Type of Burial Container) Funeral, date, time Friday, June 29 11:00

Church, Chapel, Graveside LV Second Baptist : 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 _____ Section _____ Blk/Row _____ Lot _____ Grave _____

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

VOID See E-20269

Victims of crime

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 let I hold under deed.

Tammie Scott
Signature

Tammie Scott
Print Name

8720 Hurlbut St.
Address

S.D Calif, 92123
City Zip Code

(858) 565-6360
Telephone

Invoice # _____

Work Order # E 20262

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 6/25/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CLARENCE MURPHY ⊕ 230958

in a N/A (Type of Burial Container) Funeral, date, time Tuesday July 3 1:30 or Rays dale

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 8 Section 4 Blk/Row _____ Lot 32 Grave 1

Grave space & Care Fund	426.–
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.–
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.–
Sales taxes	
Total Due	640.–
Paid receipt number R-60121	640.–
Balance due	Ø

PAID
JUN 25 2007
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.

230994 PIN

I hereby authorize the interment in lot I hold under deed.

X C. Buchanan
Signature

X C. Buchanan
Print Name

X
Address

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E 20270

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20270

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

BURIAL CONTAINER N/A

			X			

Flagged Yes _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Clarence Murphy Ø

Interment Date: _____ Time: _____

Div: 8 Sect: 4 Blk/Row: — Lot: 32 Gr: 1

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED MIDDLE OF GRAVE

E20270

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
CLARENCE	-	MURPHY	01/11/1939	06/10/2007	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	CHARLES BUCHANAN, BROTHER 4793 54TH STREET SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sienna Phipps	07/02/2007

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		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	11.00	07/02/2007	▶ 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
DIS/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-5-07	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.

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.)

Victims of Crime

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/26/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ivan Angel Renteria 230938

in a DD crypt (Type of Burial Container) Funeral, date, time Friday June 29, 2007 10:00

Church, Chapel, Graveside ; CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row ____ Lot 121 Grave 2

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container Vault $355	539.00
Handling Fees Vault $263	454.00
Flower vases – Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes Vault $27.51	41.77
Total Due	4,074.77
Paid receipt number R-60129	389.26
Balance due	3,685.51

PAID JUN 29 2007 MOUNT HOPE CEMETERY

Price for burial with TS vault (single) $3,685.51

R-60130

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. 230937

I hereby authorize the interment in lot I hold under deed.

Irma Y Renteria
Signature

IRMA Y RENTERIA
Print Name

IRMA Y RENTERIA
Address

722 41 ST APT. B 92102
City Zip Code

SAN DIEGO CA (619) 436-2283
Telephone

Invoice # _____

Work Order # E 20271

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20271

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

			Rubio	Love		
	Silva	Jones	x	Hancock		
		Vega	Pelaza			

Flagged Yes X No

Blind Check Initiated By: Kevin Date: 6/27/07

Interment space for: Ivan A. Renteria

Interment Date: Fri 6/28/07 Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 121 Gr: 2

Grave Laid out by: David & Ken

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

REMAINS WERE PLACED

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA. 92102

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Victims of Crime

Date 6/26/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ivan Angel Renteria

in a DD Crypt (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 $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 121 Grave 2

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	4,074.77

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 I hold under deed.

Irma Y Renteria
Signature

IRMA Y RENTERIA
Print Name

IRMA Y RENTERIA
Address

722 41 ST APT. B 92102
City Zip Code

SAN DIEGO CA (619) 436-2283
Telephone

Invoice # _____

Work Order # E 20271

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20271

THE CITY OF SAN DIEGO

Ms. Linda Pena
Victims of Violent Crime Program
330 West Broadway, Suite 880
San Diego, California 92101

June 28, 2007

RE: Mount Hope Cemetery 48-hour Advanced Payment Policy

Dear Ms. Pena:

Thank you for you your inquiry of Mt. Hope Cemetery's 48-hour advanced payment policy.

It is Mount Hope policy not to prepare a gravesite until payment has been made in full and an interment order has been signed to avoid any confusion or cause any conflict with our grieving families.

In this way, we can ensure that our obligation to the families is met without having a futile request for funds once a burial is performed. Legally, once a burial is performed there is little a cemetery can do.

The 48-hour payment window is also to allow ample time for the scheduling of the burial and the preparation of the burial ground prior to the service. Unfortunately the City of San Diego has drastically cut staff and therefore we need this time to adequately prepare the ground for our families.

Please feel free to contact me if you have any questions or concerns regarding this matter. If there are any problems with this policy and the Victims of Crime fund, I am sure we can work to make it better for everyone involved. I look forward to it and thank you for partnering with us to help families in their moment of need.

Sincerely,

M. David Lugo
Mt. Hope Cemetery Manager

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E20271

MESSAGE CONFIRMATION

06/28/2007 10:09
ID=SD MT. HOPE CEMENTERY

DATE	S.P-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
06/28	00'56	95158528	CALLING	03	OK	0000

06/28/2007 10:08 SD MT. HOPE CEMENTERY 4 95158528 NO.259 001

City of San Diego
Mount Hope Cemetery
Community Parks I Division
3751 Market Street
San Diego, CA 92102
(619) 527-3400

SAN DIEGO PARK & RECREATION DEPARTMENT
AMERICA'S FINEST

FAX TRANSMITTAL

"We enrich lives through quality parks and programs"

Date: June 28, 2007

The following 3 total pages (including this cover page) are intended for:

To:	Linda Pena	From:	Maria Dovensky
Company	CSD DA/Victims of Crime	Division	CPI/Mt Hope Cemetery
FAX #	619 515-8528	FAX #	(619) 527-3403
Phone #		Phone #	(619) 527-5474

Subject: Revised - Ivan Angel Renteria Interment & Mt. Hope Payment policy

Comments:

E20271

MESSAGE CONFIRMATION

06/27/2007 13:16
10:SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
06/27	00'39"	95158528	CALLING	02	OK	0000

06/27/2007 13:14 SD MT. HOPE CEMENTERY → 95158528 NO.255 P01

City of San Diego
Mount Hope Cemetery
Community Parks I Division
3751 Market Street
San Diego, CA 92102

SAN DIEGO PARK & RECREATION DEPARTMENT
AMERICA'S FINEST

Date: June 27, 2007

"We enrich lives through quality parks and programs"

The following 3 total pages (including this cover page) are intended for:

To:	Linda Pena	**From:**	Maria Dovensky
Company	CSD DA/Victims of Crime	**Division**	CPI/Mt Hope Cemetery
FAX #	619 515-8528	**FAX #**	(619) 527-3403
Phone #		**Phone #**	75474

Subject: Ivan Angel Renteria Interment

Comments:

E 20271

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
IVAN	ANGEL	RENTERIA	02/06/1982	06/23/2007	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	IRMA YOLANDA RENTERIA, MOTHER 722 41ST 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
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶ Claudette Russ	06/28/2007

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	06/28/2007	▶ 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 7-2-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Moring	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 06/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anthony T. Harrison PIN 230948

in a Top Seal Vault (Type of Burial Container) Funeral, date, time Monday July 2, 11:30

Church, Chapel, Graveside CA Burial Mortuary 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 7 Section 6 Blk/Row 3 Lot 33 Grave 1

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 60131	3,507.51
Balance due	0

PAID
JUN 28 2007
MOUNT HOPE CEMETERY

I hereby certify I am the X Juanita Harrison of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 230947

I hereby authorize the interment in lot I hold under deed.

X Juanita Harrison
Signature

X Juanita Harrison
Print Name

X 4115 Epsilon St.
Address

X San Diego, CA 92113
City Zip Code

X (619) 264-2470
Telephone

Invoice # _____

Work Order # E 20272 Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20272

MOUNT HOPE CEMETERY
INTIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 06/26/07

CALL TAKEN BY: Pauette

RECEIVED CALL FROM:

[X] MORTUARY NAME: CA Burial - Claudette

[X] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: Ebony

TELEPHONE NO:

NAME OF DECEASED:

LAST NAME: Harrison

FIRST NAME: Anthony (Harrison)

DOD: DOB:

VETERAN [ ] BRANCH OF SERVICE:

[ ] REGULAR SIZE CASKET [ ] OVERSIZE [ ] CHILD

FUNERAL SERVICE

TYPE OF SERVICE: [ ] CHURCH [X] CHAPEL [ ] GRAVESIDE

LOCATION OF SERVICE: Highland Ave

DATE OF SERVICE: TIME OF SERVICE: Natl City

EXPECTED ARRIVAL TIME AT MT. HOME:

CEMETERY PROPERTY: A/N [ ] P/N [ ] P/N TRUST

DIV: SECT: BLK/ROW: LOT: GRAVE:

[ ] SINGLE GRAVE [ ] CREMATION

[ ] DBL DEPTH [ ] 1st BURIAL [ ] 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE [ ] COMMITTAL [ ] GRAVESIDE

[ ] WITNESS ONLY [ ] DELIVERY ONLY

[ ] P/A DELIVERY [ ] MILITARY DETAIL

SPECIAL INSTRUCTIONS:

July 2nd 11:30 Am

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 1328
RANCHO CORDOVA CA 95741-1328
(916) 845-4064

Notice Date: 05/25/07

E20272

DEMAND FOR PAYMENT – COURT-ORDERED DEBT COLLECTIONS

☐ Check this box and indicate new address on reverse.

Account Number: NT-350-9487

Billing Number: CD-8949-84859

ANTHONY HARRISON
4115 EPSILON ST
SAN DIEGO CA 92113-4304

Amount Due: $3,020.00

RETURN THE ABOVE PORTION WITH YOUR PAYMENT.
KEEP THIS PORTION FOR YOUR RECORDS.

If you have questions regarding your case or if you dispute the amount due, please contact the office listed below. If you are unable to pay the full amount due, please contact our office at the telephone number listed above.

OFFICE	CODE NUMBER	COUNTY CASE NUMBER	AMOUNT DUE	PHONE NUMBER
SAN DIEGO C-DIV	37	M940298	$593.00	(858) 712-6586
SAN DIEGO C-DIV	37	SU02405	$1,221.00	(858) 712-6586
SAN DIEGO C-DIV	37	Y340073	$1,206.00	(858) 712-6586
		TOTAL CASES 3 AMOUNT	$3,020.00	

COURT-ORDERED DEBT COLLECTIONS

E20272

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH _____

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

BURIAL CONTAINER Liner

			POOLE			
	REYES		X	BERROS		

?lagged Yes X No

lind Check Initiated By: KEVIN Date: 6/28/07

ıterment space for: Anthony Harrison

ıterment Date: 7/2/2007 Time: 11:30

iv: 7 Sect: 6 Blk/Row: 3 Lot: 33 Gr: 1

rave Laid out by: _____

grees with Legal Card: ☐ Yes ☐ No * GRAVES ARE 4FT X 11FT.

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: _____ Date: _____

REMAINS WERE PLACED _____

E20272

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

46

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANTHONY	TERRENCE	HARRISON	04/30/1961	06/22/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	TIAUNA BRYANT, WIFE 4786 COLLEGE AVENUE SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	Claudette Ruos	06/28/2007

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		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	$11.00	06/28/2007	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 7-2-07	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
no set-up

Date 6/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hilda O'connor 221053

in a Top Seal (Type of Burial Container) Funeral, date, time Thursday July 5, 2007, 9:30

Church, Chapel, Graveside (Graveside) Delivery Only: Pacific Beach Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 697 Grave 1

Grave space & Care Fund E-2922 0

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Total Due 0

Paid receipt number _____ N/A

Balance due 0

I hereby certify I am the 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

JAMES C. O'CONNOR
Print Name

40 FOREST LAKES DR.
Address

BAYFIELD, CO. 81122
City Zip Code

970-799-0661
Telephone

Invoice # _____

Work Order # E 20273

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20273

Charles Has Bronze
Hilda Has Bronze

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH Ø

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

BURIAL CONTAINER TS Vault

		Bonventre	Lopez			
	Hackett	O'Connor	X	Dickey		Noack
	Pressley	Pressley	Barnett			

Flagged Yes ✓ No

lind Check Initiated By: Paulette Date: 73

ıterment space for: Hilda O'Connor

ıterment Date: Delivery only! Time: 9:30

iv: 10 Sect: ____ Blk/Row: ____ Lot: 697 Gr: 1

rave Laid out by: DAVID & KEN

grees with Legal Card: ☑ Yes ☐ No

grees with Map: ☑ Yes ☐ No

lind Check & Verified By: ____ Date: ____

REMAINS WERE PLACED ____

E20273

CITY OF SAN DIEGO, CALIFORNIA

INVOICE

WHITE - CUSTOMER
YELLOW - TREAS.: AUD.
PINK - AUD. ORIG. DEPT.
GOLDENROD - RETAIN

DATE	PREPARED BY	PHONE	
3/11/1982	rms	264-3151	No. 18839

DEPT.	DEPT. REF. NO.	YOUR ORDER NO.
Mt. Hope Cemetery	072	E-2992

Hilda O'Connor
6918 Ohio Ave
La Mesa, CA 92041

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
DETACH AND FORWARD WITH REMITTANCE

PAYMENT DUE BY: 4/9/1982

DESCRIPTION OF CHARGE		AMOUNT
Pre-Need Services		
Lots 696 & 697 Div 10	$730.00	
Interment charges for two (2)	460.00	
Concrete burial vaults for two (2)	550.00	
Sales tax two (2) vaults	33.00	
Recording fees for two (2)	70.00	
Total	$1843.00	
Paid by receipt #30093	200.00	
BALANCE DUE		$1643.00

PAID MAR 23 1982

FOR ACCOUNTING USE ONLY

FUND (18-21)	DEPARTMENT (22-27)	ORGANIZATION (28-31)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (88-99)
67007	072		77184			$ 146.00
100	072		77184			584.00
100	072		77181			260.00
100	072		77182			550.00
100	072		77183			70.00
60101			9020			33.00

AC-22 (REV. 3-81) CITY OF SAN DIEGO, CALIFORNIA No. 18839

E20273

ORDER

MT. HOPE CEMETE

CITY OF SAN DIEGO, CALIFORNIA

DATE 3/1 19 82

CHARGE Hilda O'Connor

ADDRESS 6918 Ohio Ave La Mesa 92041 #465-624.

NAME OF DECEASED Charles J. O'Connor (Pending

OWNER

ADDRESS

MORTUARY Pacific Beach

LOT 696 697 GR ROW SEC (2) DIV 10	730	00
OPENING TIME DAY DATE (2)	460	00
	33	00
VAULT ~~BOX~~ WTS SIZE (2)	550	00
REMOVAL OR FOUNDATION VET. Recording fee (2)	70	00
TOTAL	1843	00
PAID RECEIPT NUMBER 30093	200	00
BALANCE	1643	00
Inc. # 18839 Pd 3/23/82	$1643.00	

* Bill for Marker *

* File VETS Claim *

PAID
MAR 23 1982
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER HAS 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 Hilda O'Connor ORDER TAKEN BY Sutton

W.O. NO. E № 2922 #10850 INVOICE NO. 18839

E20273

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 88

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HILDA	-	O'CONNOR	08/04/1918	06/20/2007	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	NATIVIDAD RIEGAL, CARE GIVER 223 S. SIENA 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 being permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - PB, 4710 CASS ST SAN DIEGO, CA 92109	FD-815	▶ Lisa Castro	06/22/2007

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	06/26/2007	▶ 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 7-5-07	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 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.)

In grave with Sara Mann

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 06/27/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Archie Mann 213968

in a Ash Vault (Type of Burial Container) Funeral, date, time Friday July 27 2007 1:00

Church, Chapel, Graveside Family Del. Mortuary.

All Funeral cars 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 1286 Grave 1

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.-
Total Due	$ 510.00
Paid receipt number R-60127	$ 510.00
Balance due	0

PAID
JUN 27 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.

Signature _____

Print Name David Mann 231013

Address _____

City _____ Zip Code _____

Telephone See attached

Invoice # _____

Acct. # _____

Work Order # E 20274

REA-104 (3-04)

* This information is available in alternative formats upon request.

Printed on recycled paper

E20274

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Sara Mann

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

		KENDALL	X	JONES		
			DAVIS			

Flagged **Yes** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Archie Mann

Interment Date: 7-27-07 Time: 1:00 GS.

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1286 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Middle of grave

Blind Check & Verified By: David Noriega Date: _____

CREMAINS WERE PLACED

E20274

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARCHIE	-	MANN	06/11/1924	05/22/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
YUCAIPA	SAN BERNARDINO	EVA R. MANN, WIFE 35218 FIR AVE. #134 YUCIAPA, CA 92399

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ARROWHEAD AFTERCARE, 27007 5TH STREET HIGHLAND, CA 92346	FD1552	▶ Kathy Johnston	05/24/2007

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	05/30/2007	▶ ERIC K FRYKMAN, 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 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
CREMATION/ BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-27-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fenner
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY INLAND EMPIRE CREMATORY, 27007 E. 5TH STREET, HIGHLAND, CA 92346	12B. DATE CREMATED 05/31/2007	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ James C Peeler
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.)

E20274

Receipt & Release of Cremated Remains and Liability.

The undersigned hereby certifies that they have the legal right to take custody of cremated remains of the decedent. Arrowhead Aftercare shall be held harmless from any defects or faults of any container not supplied by the funeral home. I hereby acknowledge receipt of the cremated remains of:

ARCHIE MANN
Name of Decedent

Person or Facility taking custody

Signature

Date

Drivers License Number (Photocopy Required)

Witness

Photocopy of drivers license taken?

Yes or No

JAMES C. PORTER
Funeral Director / Arranger's Name

5718
Cremation I.D Disk #

ARROWHEAD
AFTERCARE
Crematory & Burial Service
27007 E. 5TH Street, Highland, CA 92346

ARCHIE MANN
NAME OF DECEDENT

PLASTIC
URN DESCRIPTION

DELIVERY BY ARROWHEAD AFTERCARE

YES OR NO

CEMETERY, PERSON OR LOCATION OF DELIVERY

DAY & TIME DELIVERY PROMISED OR A.O.C.

REGISTERED MAIL BY
ARROWHEAD AFTERCARE

YES OR NO

DAY & TIME MAILING PROMISED OR A.O.C.

SCATTER AT SEA

BY ARROWHEAD AFTERCARE'S AGENT _____

BY FAMILY _____

RELEASE TO FAMILY

ELIGIBLE FAMILY MEMBERS, AS STATED ON THE CREMATION AUTHORIZATION, TO RECEIVE THE CREMATED REMAINS FROM ARROWHEAD AFTERCARE.

E20274

Mt. Hope Cemetery
3751 Market Street
San Diego California, 92102

Re: Archie Mann
Lot 1286 Position 10

Dear

I am sorry this has taken so long. It was a little confusing. Thank you for your help.

Please have my father's remains interred with my mother, Sarah Mann in Lot 1286 Position 10 on the afternoon of July 29, 2007. I have made arrangements to have the remains shipped to arrive before this date but not more than a week before.

Enclosed is a check for $510 for the interment services. Thank you again for your help with this.

David Mann

1965 E. Miraval Cuarto, Tucson, Arizona, 85718
Home phone: 520-577-7913
Work phone: 520-791-3234

C: Arrowhead after Care
27007 East 5th Street
Highland, California 92346

Paid 6/27/07
#60127

E20274

Arrowhead After Care
27007 East 5th Street
Highland, California 92346

Re: Archie Mann

Dear Nancy;

I am sorry this has taken so long. It was a little confusing. Thank you for your help.

Please have my father's remains shipped to Mt. Hope Cemetery, 3751 Market Street, San Diego California, 92102. They must arrive before July 29, 2007 but cannot be more than a week early.

Enclosed is a check for $60 for the shipping. Thank you again for your help with this.

David Mann

1965 E. Miraval Cuarto, Tucson, Arizona, 85718
Home phone: 520-577-7913
Work phone: 520-791-3234

C: Mt. Hope Cemetery
3751 Market Street
San Diego California, 92102

F

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 6-27-07

230943

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gustave Anderson MON 1:00

in a Double Crypt A (Type of Burial Container) Funeral, date, time ~~Friday~~ July 2~~6~~, 2007

Church (Chapel) Graveside _____ : Pacific Beach Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 402 Grave 1

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 AP 009493	3896.77
Balance due	0

PAID
JUN 28 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.

Jimhill81@gmail.com
Print Name

Address

Signature

City Zip Code

Telephone

USMC

Invoice # _____

Work Order # E 20275

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20275

230

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301222156665644

DATE: [illegible] TIME: 14:28:33
MERCH: 0221566665644 STR#: 4301 TERM: 0002
S-A-L-E-S D-R-A-F-T

REF: 0007
BATCH: 309
CD TYPE: VISA
TR TYPE: MP

TOTAL: $3896.77M

ACCT: **********2934 EXP: ****
AR: [illegible] 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

Paid via phone

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Gustave Anderson

E20275

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

		MUNTE	CUMMINGS	ANDY		
	HUBERT	HUBERT HOLTON	X			
	WOOLFLY					

Flagged Yes X **No** _____

Blind Check Initiated By: KEVIN Date: 6/28/07

Interment space for: Gustave Anderson

Interment Date: 7/2/07 Time: 1:00

Div: 8 Sect: 3 Blk/Row: ____ Lot: 402 Gr: 1

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED

E20275

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

84

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GUSTAVE	EDWARD	ANDERSON	09/28/1922	06/25/2007	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 JOLLA	SAN DIEGO	EMMA L ANDERSON, WIFE 2704 EVERGREEN ST SAN DIEGO, CA 92106

230942

7A. TYPED NAME AND ADDRESS OF 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-P.B., 4710 CASS ST SAN DIEGO, CA 92109	FD815	▶ [signature]	07/02/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge the applicant that the proposed entitled herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	07/02/2007	▶ WILMA WOOTEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 7-2-07	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 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.)

E20275

E20276

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/28/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eveline Henton 225678

in a DD Crypt (2) (Type of Burial Container) Funeral, date, time Friday, July 6 10-1030

Church, Chapel, Graveside _____ ELCAMINO-LAMESA Mortuary.

All Funeral cars 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 1501 Grave 1

Grave space & Care Fund E-11441 / E-17733	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	0
Paid receipt number _____	
Balance due	

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

Craig Henton 230957
Print Name

9745 Oviedo St
Address

San Diego, CA 92129
City Zip Code

858-740-7677
Telephone

Invoice # _____

Work Order # E 20276

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20276

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Floyd Henton

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

			X			

Flagged Yes _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Eveline Henton

Interment Date: 7/6/07 Time: 10:30

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1501 Gr: 1

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED

E20276

To Krysta / Craig Henton

Date 6/ Time 619 444 ☐AM ☐PM

or 858 538-6629/4342

WHILE YOU WERE OUT

M Floyd

of Henton, Eveline

Phone Numbers

Office (Area Code / Number / Ext.)

Voicemail

FAX

Pager

Mobile 10,,,1501,1

e-mail

☐ Telephoned

☐ Please call

☐ Returned your call

☐ Called to see you

☐ Wants to see you

☐ Will call again

☐ URGENT

Message

EL CAMINO - LA MESA
ERICKSON-Anderson
Friday 6 10-10:30

GreenCycle® RECYCLED PAPER

Operator

Reorder #23-700

E20276

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

88

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EVELINE	MAY	HENTON	06/24/1919	06/28/2007 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
EL CAJON	SAN DIEGO	CRAIG HENTON, SON 9745 OVIEDO ST. SAN DIEGO, CA 92129

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-LA MESA, 8390 ALLISON AVE. LA MESA, CA 91941	FD-296	▶ Carla Price	07/06/2007

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	07/06/2007	▶ WILMA WOOTEN, 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	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

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Res
At need

Date 07-02-07

230970

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Malachi McBride-Roberts (Child)

in a OA Liner (Type of Burial Container) Funeral, date, time Friday, July 6, 2007 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 9 Section 2 Blk/Row ~ Lot 762 Grave 1

Grave space & Care Fund	277.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	277.-
Burial Container 42"L	135.-
Handling Fees	71.-
Flower vases - Marker setting fee	114.-
Recording/Filing/Transfer Fees	65.-
Sales taxes	10 46
Total Due	949.46
Paid Receipt Number R-60120	949.46
Balance due	0

PAID
JUL 05 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 Keshia Roberts
Signature

X Keshia Roberts 230969
Print Name

X 3602 Kenora DR
Address

X Spring Valley 91977
City Zip Code

X 619 463 8875
Telephone

Paulette

Work Order # E 20277

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20277

MOUNT HOPE CEMETERY
INTIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 07/2/07

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

- [x] MORTUARY NAME: Ragsdale
- [x] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: Niesy 619.708 2936

TELEPHONE NO:

NAME OF DECEASED:

LAST NAME: McBride - Roberts (23 months)

FIRST NAME: Malachi

DOD: DOB:

VETERAN [ ] BRANCH OF SERVICE:

[ ] REGULAR SIZE CASKET [ ] OVERSIZE [x] CHILD

FUNERAL SERVICE

TYPE OF SERVICE: [ ] CHURCH [ ] CHAPEL [ ] GRAVESIDE

LOCATION OF SERVICE:

DATE OF SERVICE: TIME OF SERVICE:

EXPECTED ARRIVAL TIME AT MT. HOME:

CEMETERY PROPERTY: A/N [ ] P/N [ ] P/N TRUST

DIV: SECT: BLK/ROW: LOT: GRAVE:

- [x] SINGLE GRAVE infant
- [ ] CREMATION
- [ ] DBL DEPTH
- [ ] 1st BURIAL
- [ ] 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE [ ] COMMITTAL [ ] GRAVESIDE

- [ ] WITNESS ONLY
- [ ] DELIVERY ONLY
- [ ] P/A DELIVERY
- [ ] MILITARY DETAIL

SPECIAL INSTRUCTIONS: Mother: Keisha Roberts

9-2 Div Sec ($835.46) + 114 = 949.46

Social worker Niesy, supervisor: Patricia Berlin

E20277

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH ⊘

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

BURIAL CONTAINER _____

			X			

Flagged Yes _____ No _____

lind Check Initiated By: _____ Date: _____

ıterment space for: Malachi McBride-Roberts (Child)

ıterment Date: _____ Time: 7:00 Chapel

iv: 9 Sect: 2 Blk/Row: ~ Lot: 762 Gr: 1

rave Laid out by: DAVID & JOSH

grees with Legal Card: ☑ Yes ☐ No

grees with Map: ☑ Yes ☐ No

lind Check & Verified By: _____ Date: _____

REMAINS WERE PLACED _____

E20277

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1YR, 11 MOS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MALACHI	-	MCBRIDE-ROBERTS	07/05/2005	06/29/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KESHIA ROBERTS, MOTHER 9400 RUFFIN COURT SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	07/05/2007

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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NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	07/05/2007	▶ 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 7-6-07	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 ▶	
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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

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/3/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roger Timms 227013

in a DDCrypt (2nd) (Type of Burial Container) Funeral, date, time Mon, July 9, 2007 @ 10am

Church, Chapel, Graveside _____ ; Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 11 Section 2 Blk/Row _____ Lot 88 Grave 9

Grave space & Care Fund	E-17988 (8-18-2003) Ø
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	Ø
Total Due	598.00
Paid receipt number	R-60134 598.00
Balance due	Ø

PAID
JUL 05 2007
MOUNT HOPE CEMETERY

Air Force

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 attached
Print Name Vester Timms

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 20278

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20278

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH Johnie Timms

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

BURIAL CONTAINER DD Crypt

			X			

Flagged Yes _____ No _____

lind Check Initiated By: _____ Date: _____

ıterment space for: Roger Timms

ıterment Date: 7/9/07 Time: 10

iv: 11 Sect: 2 Blk/Row: ____ Lot: 88 Gr: 9

rave Laid out by: DAVID + KEN

grees with Legal Card: ☑ Yes ☐ No

grees with Map: ☑ Yes ☐ No

lind Check & Verified By: _____ Date: _____

REMAINS WERE PLACED _____

E20278

City of San Diego

SAN DIEGO PARK & RECREATION DEPARTMENT
AMERICA'S FINEST

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 7/3/2007	From: Paulette
To: Kevin / Anderson-Rogschale	Telephone #: (619) 527-3400
Telephone #:	Fax #: (619) 527-3403
Fax #:	Pages: (including this cover sheet): 2
Subject: Burial Service	Roger Timms

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: 7/3/2007	Time faxed to Mortuary:
Burial fee amount due: $598.00	Burial service for:
Due date of burial fee: 7/5/2007	48-hour prior to service
Date of burial service: 7/9/2007	Time of burial service:
Church (Chapel) Graveside	Location:
Prepared by: Maria Davensky	Cemetery staff
Mortuary Approval (print name):	
Signature from Mortuary Staff:	
Date faxed back to Mt. Hope Cemetery:	
Comments:	

E20278

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 8-18-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHNIE TIMMS

in a D.D. CRYPT (A) Funeral, date, time FRI. AUG. 22 1:00
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 $ DESMOND

will be applied and billed to undersigned. _____

Lot 88 Grave 9 Row _____ Section 2 Division/Block 11

E-10775

Grave space & Care Fund	~~985.00~~ PC
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	32.40
Total Due	1265.40
Paid receipt number R-56589	1,265.40
Balance due	Ø

PAID
AUG 18 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the x Friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Roger Timms
Signature of recorded holder of deed
Husband

X Bertha Petty
Signature

X 731 Roven
Address

San Diego, 92102
City Zip Code

(619) 264-2814
Telephone

Bulette

17988

Work Order # E

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20278

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

89

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROGER	-	TIMMS	11/17/1917	07/02/2007	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	VESTER TIMMS, BROTHER 5569 ENCINA DR. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Jennifer Pryor	07/06/2007

* ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	07/06/2007	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY; 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-09-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jamm	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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
Interred with Mike Collins

Date 7/3/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OLGA COLLINS ☒ 145933

in a N/A (Witness) Type of Burial Container Funeral, date, time Thurs Aug. 30 1:30

Church, Chapel, Graveside Delivery only. Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row ~ Lot 196 Grave 1

Grave space & Care Fund D-2663	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	199.00
Burial Container N/A	—
Handling Fees N/A	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	—
Total Due	284.00
Paid receipt number AP300208	284.00
Balance due	Ø

PAID
AUG 14 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

X Mark Collins 231081 Print Name

X 9271 Virginian Lane Address

X La Mesa CA 91941 City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 20279

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20274

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-30- 1973

CHARGE Humphrey Mortuary

ADDRESS 855 Broadway, C.V. Cal. 92010

NAME OF DECEASED Mike M. Collins

OWNER Olga Collins 448-2405

ADDRESS 9858 Mission Greens Ct, #1, Santee, Cal.

MORTUARY Humphrey (C.V.) 92071

LOT 196 GR ROW SEC 4 BLK DIV 8	75	00
OPENING TIME AM DAY mon. DATE 2-5-73	30	00
SIZE		
REMOVAL OR FOUNDATION VET.		
ashes		
TOTAL	105	00
PAID RECEIPT NUMBER 19955		
BALANCE		

12" x 24" flush marker only

Enter upon del. (We Select)

Notify next of kin above when entered

PAID

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

#6643

AUTHORIZED
IN PERSON
PHONE BY Robt Humphrey ORDER TAKEN BY D. Phillips

W.O. NO. D 2663 INVOICE NO. CASH

FORM PR-974 REV.

E2027

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Mike Milan Collins ☒

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

		TORP	X	HACC		

Flagged Yes ✓ **No** _____

Blind Check Initiated By: Paulette Date: 8/28/07

Interment space for: Olga Collins ☒

Interment Date: Thur 8/30 Time: 1:00

Div: 8 Sect: 4 Blk/Row: _____ Lot: 196 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

E20279

235124

94

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
OLGA	SCHWITZER	COLLINS	11/24/1912	06/29/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTEE	SAN DIEGO	MARK COLLINS, SON 9271 VIRGINIAN LANE 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
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964	▶ Kim Brauhein	07/09/2007

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	07/09/2007	▶ 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
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 8/30/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Earl Bryers		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVENUE-COSTA MESA, CA 92626	12B. DATE CREMATED JUL 1 0 2007	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE	

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 07-05-07

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Charles Hendricks 230988

in a Liner (Type of Burial Container) Funeral, date, time Thursday July 12 1:00

Church, Chapel, Graveside _____ : CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 11 Grave 3

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number AP048428	1679.47
Balance due	0

PAID

JUL - 5 2007

MOUNT HOPE CEMETERY

I hereby certify I am the Companion of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

230987

I hereby authorize the interment in lot I hold under deed.

Lou Ella Gaston
Signature

Lou Ella GASTON
Print Name

4322 Keeler Ave
Address

San Diego CA 92113
City Zip Code

Telephone

Invoice # _____

Work Order # E 20280

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20280

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

IRB	FENCE		BUSH	LINE		
			X			MELEND
TREE				MALLOY		

Flagged **Yes** X **No**

Blind Check Initiated By: Kevin Date: 7/9/07

Interment space for: William Hendricks

Interment Date: 7/12/2007 Time: _____

Div: 11 Sect: 2 Blk/Row: ____ Lot: 11 Gr: 3

Grave Laid out by: Ken & Josh

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

Revised July 2007 E20280

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: William Charles Hendricks Sr.

Address: 4322 Keeler Ave

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)	$14,400	(4)	$39,980
(2)	$23,590	(5)	$47,180
(3)	$32,390	(6)	$55,180

For larger families, add $8,000 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.

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program _____initial

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.

C Louella Gaston Companion 7-9-07

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 _____

Current Tax documents verified

[signature] 7/9/07

Approved by Date

Fax # 619-527-3403

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

6

Daughter: Nacole Hendricks
1-714-243-3419 Cell: 310 488-7564
fax # ~~714-995-3419~~
714 995-1297

E 20280

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 73

1A. NAME OF 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	CHARLES	HENDRICKS	02/10/1934	07/03/2007	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	LOUELLA HENDRICKS, WIFE 4322 KEELER AVE SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶ Victoria Mitchell	7/11/07

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ▶ ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	07/10/2007	▶ 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	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 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

Date 7/6/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Matilde Gondres 230963

in a TS Vault (Type of Burial Container) Funeral, date, time Tues, July 10, 2007 @ 12:00

Church, Chapel, Graveside Guadalupana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 200 Grave 7

PAID

JUL - 9 2007

MT HOPE CEMETERY

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263.00
Flower vases - Marker setting fee R-60142	
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	3,507.51
Paid receipt number R-60140 230962	3,507.51
Balance due	0

I hereby certify I am the X Silvia Alarcon of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 4276 Estrella Ave Address

X SD CA 92115 City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 20281

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20281

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 VAUIT

			TREE			
	THURMAN	CROSBY	X	RUIZ-HARO		
	EDWARDS		WRIGHT		BENJAMIN	

Flagged **Yes** X **No** /

Blind Check Initiated By: KEVIN Date: 7/9/07

Interment space for: Matilde Gondres

Interment Date: 7/10/2007 Time: 12:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 200 Gr: 7

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20281

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MATILDE	-	GONDRES	03/10/1934	07/03/2007	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	YOLANDA ALARCON, DAUGHTER 4276 ESTRELLA AVENUE SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶	07/09/2007

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/09/2007	▶ 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 TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- -

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST,SAN DIEGO,CA,92102	11B. DATE BURIED 7-10-07	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

Pre-need
lots(5)

Date 7-6-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mary Alice Johnson / Ruth Daniels 230945 Mattie

in a 230946 (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 172 Grave 3,4,5,9&10

Grave space & Care Fund	11,320.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	11,320.-
Paid receipt number P-00883	11,320.-
Balance due	Ø

COPY OF ORIGINAL INVOICE

Deeds issued 10/4/07

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 Mattie R. Daniels

X

X

Print Name

X3775 Florence St.

Address

X San Diego, CA 92113

City Zip Code

619-263-2629

Telephone

Invoice # _____

Acct. # _____

Work Order # E 20282

104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20282

E 20282

Post-it™ routing request pad 7664

ROUTING - REQUEST

Please

- [ ] READ
- [ ] HANDLE
- [ ] APPROVE

and

- [ ] FORWARD
- [ ] RETURN
- [ ] KEEP OR DISCARD
- [ ] REVIEW WITH ME

To Tyrone

will bring

original w/Mary's

signature

Date _____ From _____

E 20282

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20282 DATE: 7/6/2007

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Mattie Ruth Daniels 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 $11,320.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 172 GRAVE(s): 3
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 6th day of July, 2007.

Signature / Date

Maria G. Goodwin for
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

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20282 DATE: 7/6/2007

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Mattie Ruth Daniels 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 $11,320.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 172 GRAVE(s): 9
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 6th day of July, 2007.

Signature / Date

Maria C. Lovensky for
Cemetery Manager

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E20282

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20282 DATE: 7/6/2007

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Mattie Ruth Daniels 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 $11,320.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 172 GRAVE(s): 4
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 6th day of July, 2007.

Signature / Date

Maria A. Downsley for
Cemetery Manager

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20282 DATE: 7/6/2007

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Mattie Ruth Daniels 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 $11,320.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 172 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's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 6th day of July, 2007.

Signature / Date

Maria A. Dovensky
Cemetery Manager

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E20282

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20282 DATE: 7/6/2007

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Mattie Ruth Daniels 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 $11,320.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 172 GRAVE(s): 10

according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its 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.

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All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 6th day of July, 2007.

Signature / Date

Maria Dovously for
Cemetery Manager

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20282 DATE: 7/6/2007

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Mattie Ruth Daniels 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 $11,320.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 172 GRAVE(s): 10
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 6th day of July, 2007.

Signature / Date

Cemetery Manager

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E 20282

Post-it routing request pad 7664

ROUTING - REQUEST

Please

- [ ] READ
- [ ] HANDLE
- [ ] APPROVE

and

- [ ] FORWARD
- [ ] RETURN
- [ ] KEEP OR DISCARD
- [ ] REVIEW WITH ME

To Tyrone

will bring

Original w/Mary's

signature

Date _____

From _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
Inspace w/ Jesse Sheffield

Date 07/09/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annabelle M. Sheffield ~~X~~ 218545

in a Ash Vault (Type of Burial Container) Funeral, date, time SAT. July 14, 2007 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 11 Section 1 Blk/Row _____ Lot 29 Grave 1

Grave space & Care Fund D-2776 {35-1973} Ø

Overtime/Late Arrival Fees SATURDAY FEE $396.—

Opening/Closing & Setup —

Burial Container —

Handling Fees —

Flower vases – Marker setting fee —

Recording/Filing/Transfer Fees —

Sales taxes —

PAID
JUL - 9 2007
MOUNT HOPE CEMETERY

Total Due 396.—

Paid receipt number Visa AP #E0090A 396.—

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

See attached

X _____ Telephone

Invoice # _____

Work Order # E 20283

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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Desert Lawn Memorial 928-782-4384

E20283

07/09/2007 15:39 928-343-7961 BTZ INC PAGE 01/03

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 07/09/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annabelle M. Sheffield

in a Ash Vault (Type of Burial Container) Funeral, date, time SAT. July 14, 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 11 Section 1 Blk/Row _____ Lot 29 Grave 1

Grave space & Care Fund D-2776 (3-5-1973) 0

Overtime/Late Arrival Fees SATURDAY FEE $396.

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

Total Due 396.

Paid receipt number _____

Balance due _____

I hereby certify I am the X Daughter / 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

Rebecca L. Zeller (Signature)

X Rebecca L. Zeller 230968 (Print Name)

X P.O. Box 4728 (Address)

X Yuma, Ariz 85366 (City, Zip Code)

X 928 2107420 (Phone)

Invoice # _____

Acct. # _____

Work Order # E 20283

REA-104 (3-04)

This information is available in alternative formats upon request.

E20283

Brown Military Stone
only his name.

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH Jesse A. Sheffield (full body)
ite in the name of the deceased for which the grave is for in the
ck marked with "X". Place the name's, lot # and grave # of all
sting marker's in the appropriate space(s) that are adjacent to
burial space.

BURIAL CONTAINER Ash Vault

			Martick			
	Gilbert	Blair	X	Andrew		
			Salley			

Flagged Yes ✓ No
nd Check Initiated By: Paulette Date: 7-10
erment space for: Annabelle M. Sheffield
erment Date: Sat 7/14 Time: 11:00 GS
: 11 Sect: 1 Blk/Row: ____ Lot: 29 Gr: 1
ive Laid out by: KEN
ees with Legal Card: ☐ Yes ☐ No
ees with Map: ☐ Yes ☐ No
nd Check & Verified By: ____ Date ____
MAINS WERE PLACED IN CENTER 4FT BELOW MARKER

E20283

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4381322156665644

DATE: 07/09/07 TIME: 15:31:41
MERH: 322156665644 STR#: 4381 TER#: 0002
S-A-L-E-S O-R-A-F-T

REF: 0002
BATCH: 311
CD TYPE: VISA
TR TYPE: MP

TOTAL: $396.00M

ACCT: **********4640 EXP: ****
AP: 00980A AVS: ZIP MATCH

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X phone/fax
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-20283

Interment order for Annabelle Sheffield

CEMETERY OR CREMATORY COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
DISPOSITION - TRANSIT PERMIT

REGISTRAR'S FILE NO. E 20283
722

IDENTIFICATION OF DECEASED

NAME OF DECEASED 1.	A. FIRST	B. MIDDLE	C. LAST	SEX 2.	AGE 3.	RACE/ETHNICITY 4.
	ANNABELLE	MAYE	SHEFFIELD	FEMALE	82	WHITE

DATE OF DEATH 5.	PLACE OF DEATH 6.	A. TOWN OR CITY	B. COUNTY	C. STATE
JULY 8, 2007	3140 S. WINSOR AVE. #10	YUMA	YUMA	ARIZONA

CAUSE OF DEATH 7. (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES)

MANNER AND PLACE OF DISPOSITION

8. ☐ BURIAL ☐ OTHER (SPECIFY) ☒ CREMATION ☐ REMOVAL

FUNERAL HOME 9.	A. NAME	B. STREET ADDRESS	C. CITY AND STATE
KAMMANN MORTUARY		795 W. 28TH ST.	YUMA, AZ. 85364

FUNERAL DIRECTOR'S SIGNATURE 10. ▶ [signature] DATE SIGNED 11. JULY 10,2007

PLACE OF BURIAL OR OTHER DISPOSITION 12. A. NAME: DESERT LAWN CREMATORY B. STREET ADDRESS: 1415 S. FIRST AVE. C. CITY AND STATE: YUMA, AZ. 85364

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.

REGISTRAR'S SIGNATURE 14. ▶	REGISTRATION DISTRICT 15.	DATE SIGNED 16.
[signature]	1003	JULY 10, 2007.

VS-7 REV. 10/04

E20283

APPLICATION PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANNABELLE	MAYE	SHEFFIELD	02, 3, 1925	07, 8, 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
YUMA		REBECCA L. ZELLER P.O. BOX 4728, YUMA, AZ 85366

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		Rebecca L. Zeller	07-13-2007

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07-13-2007	S.R.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR 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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 07-10-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 230951 Nevaeh Jordan (baby)

in a W. ~~BX~~ O (Type of Burial Container) Funeral, date, time Thursday July 12 10am

Church, Chapel, Graveside Latter rain Ministries ; 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 890 Grave 1

Grave space & Care Fund	142.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.-
Burial Container 28"L x 14"W x 18"H	99.-
Handling Fees	36.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-60143	527.67
Balance due	Ø

PAID

JUL 11 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.

230951b

I hereby authorize the interment in lot I hold under deed.

X N. Jordan
Signature

Paulette

X Nelsyann Jordan
Print Name

X 8349 Krenz St.
Address

X San Diego 92123
City Zip Code

X 858 568 2804
Telephone

Invoice # _____

Work Order # E 20284

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20284

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH _____

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

BURIAL CONTAINER OUNEI

		SAM	X	HARUS		
MAM	WZUNZA		RAMIREZ	JHAN	TINOCO	

?lagged Yes X No

lind Check Initiated By: KEVIN Date: 7/11/07

ıterment space for: NEVAEH JOHAN

ıterment Date: 7-12-07 THU Time: 10 AM

iv: 9 Sect: 1 Blk/Row: ____ Lot: 890 Gr: 1

rave Laid out by: DAVID & JOSH

grees with Legal Card: ☑ Yes ☐ No

grees with Map: ☑ Yes ☐ No

lind Check & Verified By: _____ Date: _____

REMAINS WERE PLACED _____

E20284

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

3 mos

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NAVAEH	-	JORDAN	04/02/2007	07/08/2007	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	LEYAN GONZALEZ, COUSIN 5515 ALABAMA AVE #77 EL PASO, TX 79904

7A. 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	Jennika Pryor	07/12/2007

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	07/12/2007	WILMA WOOTEN, 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 7-12-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL David Moriga		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
Non Res.
20 Chairs

Date 07-10-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anyuon Mou Anyuon 230992

in a Liner (Type of Burial Container) Funeral, date, time Friday July 13 10:00

Church, Chapel, Graveside St Luke : 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 MAS Section L Blk/Row _____ Lot 2 Grave 17

Grave space & Care Fund Donated	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	275.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	27.82
Total Due	1,454.82
Paid receipt number R-60137	1,450.52
Balance due	4.30

PAID
JUL 11 2007
MOUNT HOPE CEMETERY

I hereby certify I am the x Cousin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x [signature]
Signature

230991
x J SAAC AMOL
Print Name
2560 J AVE
Address
x Coronado Ca 92118
City Zip Code
x 619 778 7150
Telephone

Invoice # _____

Work Order # E 20285

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20285

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

		Seifert	Mitchell			
			X			

Flagged **Yes** ✓ **No** ____

Blind Check Initiated By: Pullette Date: 7-11

Interment space for: Anyuon Anyuon

Interment Date: Friday July 13 FM Time: 10:00

Div: Mason Sect: L Blk/Row: — Lot: 2 Gr: 17

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: 7-12

CREMAINS WERE PLACED

E20285

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANYUON	MOU	ANYUON	01/01/1980	07/06/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ANTEE	SAN DIEGO	ISAAC AMOL, COUSIN 560 J AVE. CORONADO, CA 92118

7A. TYPED NAME AND ADDRESS OF 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. Dorys	07/11/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	07/11/2007	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7/13/07	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 Manuel D. Lago ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION *EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE* PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/11/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Blanca Guzman-Ortiz 230990

in a O Liner (Type of Burial Container) Funeral, date, time Friday July 13 12pm

Church, Chapel, Graveside (circled) : Guadalupana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 938 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container 31"L x 13½"W x 12½"H	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67
Paid receipt number R 6038	527.67
Balance due	-0-

PAID JUL 11 2007 MOUNT HOPE CEMETERY

I hereby certify I am the C/O of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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

230989

Guadalupana Mort.
Print Name

2601 Imperial Ave C/O
Address

S.D. 92102
City Zip Code

619 544 9333
Telephone

Blanca Ortiz

Invoice # _____

Work Order # E 20286

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20284

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 Oliner

	PRISFIELD		BARRSDALE			
			X			
				MARURE		
			MENDOZA	IKEE		

Flagged Yes X No ____

Blind Check Initiated By: KEVIN Date: 7/11/07

Interment space for: Blanca Guzman Ortiz

Interment Date: 7/13/07 FRI Time: 12:00 pm

Div: 9 Sect: 1 Blk/Row: ____ Lot: 938 Gr: 1

Grave Laid out by: DAVID & JOSH

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED

E20286

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BLANCA	CRYSTAL	GUZMAN-URTIZ	07/04/2007	07/04/2007	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	BLANCA URTIZ, MOTHER 4293 POPLAR STREET SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶	07/11/2007

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/11/2007	▶ 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 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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 7054.8, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/11/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Danny C Elie 230995

in a Double Depth (a) (Type of Burial Container) Funeral, date, time Tues, July 17, 2007

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 3 Blk/Row _____ Lot 129 Grave 9

Grave space & Care Fund E-11518	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 _____	0
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.

I hereby authorize the interment in lot I hold under deed.

Hope Elie
Signature

Hope L. Elie 229042
Print Name

3082 E. Mountain View Dr.
Address

San Diego CA 92116
City Zip Code

(619) 726-3613
Telephone

Invoice # _____

Work Order # E 20287

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20 287

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH _____

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

BURIAL CONTAINER DD Crypt

	CARTER	HENDERSON	X			

?lagged Yes _____ No _____

lind Check Initiated By: _____ Date: _____

ıterment space for: Danny C. Elie

ıterment Date: 7/17/07 Time: _____

iv: 12 Sect: 3 Blk/Row: _____ Lot: 129 Gr: 9

rave Laid out by: Norman Ferguson

grees with Legal Card: ☐ Yes ☐ No

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: _____ Date: _____

REMAINS WERE PLACED _____

E20287

49

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DANNY	CHARLES	ELIE	06/05/1958	07/11/2007	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	SHERRY ELIE-JOHNSON, SISTER 2825 BELKNAP WAY 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 – PERMIT NUMBER	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sherrika Johnson	07/16/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is or of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	07/16/2007	▶ 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 7-17-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 07-12-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tina Brown 230994

in a Liner (Type of Burial Container) Funeral, date, time Monday, July 16

Church, Chapel, Graveside _____, Berge-Roberts Mortuary 10:00

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 26 Grave 11

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	3536.93
Paid receipt number R-60143	353693
Balance due	Ø

PAID
JUL 12 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.

230993

I hereby authorize the interment in lot I hold under deed.

x Sedrick A. Brown Sr.
Signature

x SEDRICK A. BROWN SR.
Print Name

2370 Adirondack Row #3
Address

x SAN DIEGO, CA. 92139
City Zip Code

x 619-472-5221
Telephone

Paulette

Invoice # _____

Work Order # E 20288.

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20288

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

	PEREZ					
			X			
				JOHNSON	CHAPMAN	

Flagged **Yes** ✓ **No**

Blind Check Initiated By: KEVIN Date: _____

Interment space for: Tina Brown

Interment Date: Monday July 16 Time: 10:00 Chapel

Div: 11 Sect: 2 Blk/Row: _____ Lot: 26 Gr: 11

Grave Laid out by: DAVID

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED

E20288

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 22

1A. NAME OF 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	ELIZABETH	BROWN	01/09/1985	07/09/2007	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	SEDRICK BROWN, FATHER 2370 ADIRONDACK ROW #3 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 Freer	07/13/2007

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
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	07/13/2007	▶ WILMA WOOTEN, 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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

*NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG*ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E 20289

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 7/13/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IBRAHIM AHMADI 230975

in a Slab (Type of Burial Container) Funeral, date, time 7-13-07 Friday 2:30

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 MUS1 Section _____ Blk/Row _____ Lot 98 Grave B

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container	71.00
Handling Fees AP 95218	36.00
Flower vases / Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	5.50
Total Due	355.50
Paid receipt number R-60144	355.50
Balance due	0

PAID JUL 13 2007 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.

230974

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: IMED YAHMADI

Address: 4072 Ashford Street

City: San Diego, CA Zip Code: 92111

Telephone: 858 967 5975

Invoice # _____

Work Order # E 20289

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20289

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 _____

			X	Fouda ?		

Flagged **Yes** ✓ **No** _____

Blind Check Initiated By: Paulette Date: _____

Interment space for: Ibrahim Ahmadi

Interment Date: 7-13-07 Time: _____

Div: Musl Sect: _____ Blk/Row: _____ Lot: 98 Gr: ~~A~~ B

Grave Laid out by: _____

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED

E20289

SHARP
HEALTHCARE

- ☐ SHARP BIRCH PATRICK
- ☐ SHARP MEMORIAL HOSPITAL
- ☒ GROSSMONT HOSPITAL
- ☐ SHARP CABRILLO HOSPITAL
- ☐ SHARP MARY BIRCH HOSPITAL
- ☐ SHARP CHULA VISTA MEDICAL CENTER
- ☐ SHARP CORONADO
- ☐ _____

Consent for Release of Potentially Biohazardous Material

For personal, cultural or religious reasons I have requested to take possession of tissues or other items which have been surgically removed from my body. My signature below authorizes Sharp HealthCare to release the following:

fetus to YAHMADI, IMED.
Describe — Name of Recipient/Please Print

Signature — 7-13-07 Date/Time

IMED YAHMADI
Printed Name

WAIVER FOR TRANSFER OF AND RECEIPT OF POTENTIALLY BIOHAZARDOUS MATERIAL

This notice informs the recipient that the tissue(s) or other items as described above being accepted are considered to be potentially biohazardous or chemically hazardous material(s). The tissue(s) have not been tested for any infectious and/or other diseases and may present a risk of chemical exposure to substances, such as formalin. Barrier Precautions (e.g., using non-porous gloves) are required when handling potentially biohazardous material(s). Thorough hand-washing after removal of gloves is necessary. Surfaces contaminated with blood or body fluids should be cleaned with a solution of bleach and water in a concentration of 1:10 (1 cup bleach to 10 cups water). You must dispose of these materials in accordance with applicable laws and regulations via a licensed waste management company.

My signature below indicates my understanding of the proper methods of handling the received potentially biohazardous material. I acknowledge that this material may represent a health hazard to me and others. I agree to indemnify, defend and "hold Sharp HealthCare harmless" from any loss, damages or costs as a result of my receipt of this material.

Signature

IMED YAHMADI
Printed Name

07-13-07 - 14:15
Date/Time

Witness Signature

Karen Rocco
Witness Printed Name

7-13-07
Date/Time

PATIENT IDENTIFICATION
DellAI, ELHAM (mother)
949364
7-12-07 OOS

Sharp HealthCare (SHC) includes the following affiliated organizations:
San Diego Hospital Association; Sharp Memorial Hospitals;
Sharp Chula Vista Medical Center; Grossmont Hospital;
Sharp Coronado Hospital and Healthcare Center; Sharp Rees-Stealey Corporation;
Sharp Mission Park Corporation; Sharp Health Plan

3-4-03

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
N.R

Date 7-13-07

231008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sandra Seiden & w. July 27 AYD

in a Ash vault (Type of Burial Container) Funeral, date, time ~~Friday July 27, 2007~~

Church, Chapel, Graveside _____ Family Mortuary 619) 337-8200

All Funeral cars 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 3267 Grave 1

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.—
Burial Container	104.—
Handling Fees	114.—
Flower vases – Marker setting fee	85.—
Recording/Filing/Transfer Fees	
Sales taxes	8.06
Total Due	510.06
Paid receipt number R-60147	510.06
Balance due	0

PAID
JUL 13 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 Ruth Seiden
Signature

218320
X RUTH SEIDEN
Print Name
X 4132 MARIAN St.
Address
X LA MESA, CAL. 91941
City Zip Code
X (619) 463-1856
Telephone

Invoice # _____

Work Order # E 20290

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20290

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH _____

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

BURIAL CONTAINER Ash Vault

			allie clawson			
		~~Seiden~~ ~~Edith~~	marker X on site	Otto Schmidt		
			J. Gordon MacIntyre			

Flagged Yes _____ No

lind Check Initiated By: Maria Date: 7-25-07

ıterment space for: Sandra Seiden ⊗

ıterment Date: 07/27/2007 Time: 7-27-07

iv: 10 Sect: _____ Blk/Row: _____ Lot: 3267 Gr: 1

rave Laid out by: _____

grees with Legal Card: ☐ Yes ☐ No

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: _____ Date: _____

REMAINS WERE PLACED _____

E 20290

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 58

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SANDRA	-	SEIDEN	01/26/1949	07/12/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHAYNE MCINTYRE, SON 9529 TUTHILL WAY 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 acting as such	8B. DATE SIGNED
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658	▶ [signature]	07/26/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	07/26/2007	▶ 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
DISINTERMENT/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 7-27-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION *EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE* PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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

Transfer fee
Quit claim

Date 7-13-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lt Raymond M. Seiden 230972

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 3266 Grave _____

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees Quit claim	85 —
Sales taxes	—
Total Due	85 —
Paid receipt number R-60148	85.
Balance due	Ø

PAID
JUL 13 2007
MOUNT HOPE CEMETERY

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X [signature] (Signature)

230972
X RAYMOND M. SEIDEN (Print Name)
X 4132 MARIAN ST. (Address)
X LA MESA CA. 91941 (City, Zip Code)
X 619-463-1976 (Telephone)

Invoice # _____

Work Order # E 20291

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20291

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date:

I/We Ruth Seiden

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Raymond Maurice Seiden
Street Address: 4132 Marian St. Apt / Unit #:
City: Lamesa ST: CA Zip-Code: 91941
Telephone #: (619)

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 10 Section: " " Blk / Row: " "
Lot(s): 3266 Grave(s): 1

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this _____ day 2007

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS — Ruth Seiden Legal Owner / Representative Signature CDL 20425555 08

WITNESS — Legal Owner / Representative Signature

Paulette Crawford
CEMETERY REPRESENTATIVE NAME — Cemetery Representative Signature

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E20291

CALIFORNIA
DRIVER LICENSE
EXPIRES 04-24-11
E0911059
CLASS:C
RAYMOND MAURICE SEIDEN
4132 MARIAN ST
LA MESA CA 91941
SEX:M
HAIR:GRY
EYES:HZL
HT:5-10
WT:175
DOB:04-24-54
04/20/2006 235 AB FD/11

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 07-13-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELLA PHILLIPS

in a LINER (Type of Burial Container) Funeral, date, time Tues July 17

Church, Chapel, Graveside Delivery : Anderson Mortuary 10:30

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row _____ Lot 126 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.-
Sales taxes	20.93
Total Due	3,358.93
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 # _____

Work Order # E 20292

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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83-

Turner

11-2-65-5

11-2 45-1 = 11-2-39.6

11-2-41-2

11-2-53-10

11-2-41-2

Billa

Gaff Miles

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At-need

Date 7-16-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Josephine Williams 230983

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time Weds July 18 12:00

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 3 Blk/Row ^ Lot 25 Grave 6

Grave space & Care Fund E-12687	Θ
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container DD CRYPT # B	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	1,099.77
Paid receipt number R-60199	1,099.77
Balance due	Θ

PAID
JUL 16 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.

230982

I hereby authorize the interment in lot I hold under deed.

Joann Wylie
Signature

X Joann Wylie
Print Name

X 3231 S 097th St
Address

X Tolleson Az 85353
City Zip Code

X 623-478-7921
Telephone

Invoice # _____

Work Order # E 20293

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E 20293

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH Larzetta Jones "A"

rite in the name of the deceased for which the grave is for in the ock marked with "X". Place the name's, lot # and grave # of all isting marker's in the appropriate space(s) that are adjacent to e burial space.

BURIAL CONTAINER DDCRypt "B"

		Richardson	X		stone	
			Henry			
		✓				

lagged Yes ✓ No

ind Check Initiated By: Paulette Date: 7/16/07

erment space for: Josephine Williams

erment Date 7-18-07 Time: 12:00

v: 12 Sect: 3 Blk/Row: ____ Lot: 25 Gr: 6

ave Laid out by: ____

rees with Legal Card: ☐ Yes ☐ No

rees with Map: ☐ Yes ☐ No

nd Check & Verified By: ____ Date ____

EMAINS WERE PLA ____

E20293

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSEPHINE	F.	WILLIAMS	11/08/1922	07/13/2007	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	JOANN WYLIE, DAUGHTER 3231 S. 97TH AVE TOLLESON, AZ 85353

7A. TYPED NAME AND ADDRESS OF 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	▶ [signature]	07/18/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	07/17/2007	▶ WILMA WOOTEN, MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 7-18-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fredgman		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE 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

Disinterment & Re-inter

Date 7-16-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LARZetta JONES 165289

in a Liner to DD Crypt "A" (Type of Burial Container) Funeral, date, time Weds. July 18

Church, Chapel, Graveside _____ : SO Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 25 Grave 6

Grave space & Care Fund	E-12687	Ø
Overtime/Late Arrival Fees	Disinterment	1,419.-
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		65.-
Sales taxes		
	Total Due	1484.00
	Paid receipt number R-60149	1,484.00
	Balance due	Ø

PAID

JUL 16 2007

MOUNT HOPE CEMETERY

I hereby certify I am the Neice of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 Joann Wylie
Print Name

X 3231 So 97th Ave
Address

X Tolleson Az 85353
City Zip Code

X 623-478-7921
Telephone

Invoice # _____

Work Order # E 20294

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20294

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF Larzetta Jones

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Larzetta Jones 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 25 Grave 6 Section 3 Division 12

We acknowledge that we have been advised that the remains of may not be present and/or intact.

x Joann Wylie	x niece
SIGNATURE(S)	RELATION TO DECEASED

WITNESSED BY

7-16-07

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

INTERMENT ORDER

City of San Diego

At need

Date 7-16-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AMOS JOHNSON III 231003

in a Liner (Type of Burial Container) Funeral, date, time Friday July 20 11:00

Church, Chapel, Graveside New Creation : Roosdale Mortuary

All Funeral cars 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 62 Grave 5

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-6052	3,358.93
Balance due	0

PAID JUL 19 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.

231002

I hereby authorize the interment in lot I hold under deed.

X Shirley R. Johnson
Signature

X SHIRLEY R Johnson
Print Name

X 7081 Del Cerro Dr
Address

X San Diego, CA 92120
City Zip Code

X (619) 469-9214
Telephone

Invoice # _____

Work Order # E 20295

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20295

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH Ø.

ite in the name of the deceased for which the grave is for in the ck marked with "X". Place the name's, lot # and grave # of all sting marker's in the appropriate space(s) that are adjacent to burial space.

BURIAL CONTAINER Liner

	Laws	Ervin Woodbury	X			
			Reynolds	Radillon		

agged Yes ✓ No

nd Check Initiated By: Paulette Date: 7/16

erment space for: Amos Johnson III

erment Date: Friday July 20 Time: 11:00 Church

: 12 Sect: 2 Blk/Row: ____ Lot: 62 Gr: 5

ave Laid out by: Norman Ferguson

ees with Legal Card: ☑ Yes ☐ No

ees with Map: ☑ Yes ☐ No

nd Check & Verified By: David Noriega Date: 7-19-07

MAINS WERE PLACED

E20295

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AMOS	HAROLD	JOHNSON	12/14/1970	07/14/2007	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	SHIRLEY JOHNSON, MOTHER 7081 DEL CERRO BLVD. SAN DIEGO, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sienna Pryor	07/19/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	07/19/2007	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 7-2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

At-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/16/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mildred Rucker 231001

in a Liner (Type of Burial Container) Funeral, date, time Friday July 20 @ 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 12 Section 2 Blk/Row _____ Lot 129 Grave 12

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-60153	3,358.93
Balance due	0

PAID
JUL 19 2007
MOUNT HOPE CEMETERY

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.

231000

I hereby authorize the interment in lot I hold under deed.

Bobbie R Thomas
Signature

Bobbie R Thomas
Print Name
4325 Estrella Ave
Address
San Diego 92115
City Zip Code
619-287-8447
Telephone

Invoice # _____

Work Order # E 20296

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20296

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH _____
ite in the name of the deceased for which the grave is for in the
ck marked with "X". Place the name's, lot # and grave # of all
sting marker's in the appropriate space(s) that are adjacent to
burial space.

BURIAL CONTAINER Liner

			X	OEAN		
		DYE	FRIEND			

agged Yes _____ No _____
d Check Initiated By: _____ Date: _____
erment space for: Mildred Rucker
erment Date: 7/20/07 Time: 1:00 PM
: 12 Sect: 2 Blk/Row: ____ Lot: 129 Gr: 12
ive Laid out by: Norman Ferguson
ees with Legal Card: ☑ Yes ☐ No
ees with Map: ☑ Yes ☐ No
d Check & Verified By: David Norris Date: 7-19-07
MAINS WERE PLACED

E20296

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

74

1A. NAME OF 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	-	RUCKER	07/14/1933	07/15/2007	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	BOBBIE THOMAS, SISTER 4325 ESTRELLA STREE SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶	07/19/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed gifted 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	07/19/2007	▶ 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 CORPSE IS TO DECAY IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-20-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/16/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EULA PHILLIPS 230986

in a Liner (Type of Burial Container) Funeral, date, time Wed. July 18, 2007

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 126 Grave 4

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-60150	3,358.93
Balance due	0

PAID
JUL 16 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.

I hereby authorize the interment in lot I hold under deed.

Signature: Eulah M. Bartley

Print Name: EULAH M. BARTLEY 230985

Address: 1 Cedar Dell Ave.

City: Bridgeton NJ Zip Code: 08302

Telephone: 856 451 0969

Invoice # _____

Work Order # E 20297

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20297

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH Ø

/rite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

BURIAL CONTAINER _____

			Blackon			
Anderson	Green		X	Correy		

'lagged Yes ✓ No

lind Check Initiated By: Paulette C. Date: 7-13-07

ıterment space for: EULA PHILLIPS

ıterment Date: Tues 7/18 Time: _____

iv: 12 Sect: 2 Blk/Row: _____ Lot: 126 Gr: 4

rave Laid out by: Norman Ferguson

grees with Legal Card: ☐ Yes ☐ No

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: _____ Date: _____

REMAINS WERE PLACED _____

E 20297

MOUNT HOPE CEMETERY
INTIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 7/13/07

CALL TAKEN BY: Paulette Kevin

RECEIVED CALL FROM:

[X] MORTUARY NAME: Anderson -

[ ] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: _____

TELEPHONE NO: _____

NAME OF DECEASED:

LAST NAME: Phillips Pickaspot

FIRST NAME: Eula

DOD: _____ DOB: _____

VETERAN [ ] BRANCH OF SERVICE: _____

[ ] REGULAR SIZE CASKET [ ] OVERSIZE [ ] CHILD

FUNERAL SERVICE

TYPE OF SERVICE: [ ] CHURCH [ ] CHAPEL [ ] GRAVESIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____ TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOME: _____

CEMETERY PROPERTY: A/N [ ] P/N [ ] P/N TRUST

DIV: _____ SECT: _____ BLK/ROW: _____ LOT: _____ GRAVE: _____

[ ] SINGLE GRAVE [ ] CREMATION

[ ] DBL DEPTH [ ] 1st BURIAL [ ] 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE [ ] COMMITTAL [ ] GRAVESIDE

[ ] WITNESS ONLY [ ] DELIVERY ONLY

[ ] P/A DELIVERY [ ] MILITARY DETAIL

SPECIAL INSTRUCTIONS: 804 So. 37th St. 92113

Will be here Mon. to pay Tues. burial 10 am $3358.93

E20297

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

77415

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EULA	TRACEY	PHILLIPS	10/03/1929	07/03/2007	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	JOSEPHINE CHERRY, DPOA 435 S. 58TH 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
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

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 – Please sign in ink: Jennifer Phillips 8B. DATE SIGNED: 07/13/2007

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	07/13/2007	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 7-18-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 7/17/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Selena ~~Mary~~ MARIE Whitefield 11yrs 231011

in a #5 Liner (Type of Burial Container) Funeral, date, time Tues, July 24 @ 11:00am

Church, Chapel, Graveside : CA Burial - El Cajon Mortuary 619 286 2674

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 9 Section 3 Blk/Row _____ Lot 164 Grave 1

Grave space & Care Fund		277.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup		277.00
Burial Container	270.00	~~135.00~~
Handling Fees	206.00	~~71.00~~
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		65.00
Sales taxes	2093	~~10.46~~
		~~835.46~~
Total Due		
Paid receipt number	R-60160	1,11593
Balance due		Ø

PAID JUL 23 2007 MOUNT HOPE CEMETERY

Mortuary to Pay

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231010

I hereby authorize the interment in lot I hold under deed.

Sharon Whitefield
Signature

SHARON WHITEFIELD
Print Name

4915 DEATON DR.
Address

S.D. 92107
City Zip Code

619-262-9585
Telephone

Invoice # _____

Work Order # E 20298

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20298

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH ∅

Vrite in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all xisting marker's in the appropriate space(s) that are adjacent to ıe burial space.

BURIAL CONTAINER #5 Liner

			X			LOPEZ

?lagged Yes_____ No_____

lind Check Initiated By: _____ Date: _____

ıterment space for: Selena Marie Whitefield

ıterment Date: Tues 7/24/07 Time: 11:00

iv: 9 Sect: 3 Blk/Row: ____ Lot: 164 Gr: 1

rave Laid out by: Norman Ferguson

grees with Legal Card: ☐ Yes ☐ No

grees with Map: ☐ Yes ☐ No

lind Check & Verified By: _____ Date: _____

REMAINS WERE PLACED _____

E20298

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

11 y/o

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SELENA	MARIE	WHITEFIELD	07/18/1995	07/15/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	SHARON WHITEFIELD, MOTHER 4915 DEATON DRIVE SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	Victoria Mitchell	7/24/07

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	07/24/2007	WILMA WOOTEN, 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 7-24-07	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.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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
N.R.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-17-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vicki Daugherty 230997

in a Liner (Type of Burial Container) Funeral, date, time Friday July 20th 10:00

Church, Chapel, Graveside Arrival approx. 10:00 Buckers Mortuary 818-899 1138 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 16 Blk/Row ~ Lot 52 Grave 9

Grave space & Care Fund	3,011.-
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 A013371	4,465.82
Balance due	Ø

PAID
JUL 17 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.

230996

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

x Olivian Newsome Print Name
x 11247 De Haven Ave Address
x Pacoima CA 91331 City Zip Code
x _____ Telephone

Invoice # _____

Work Order # E 20299

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20299

CITY OF SAN MARCOS CEMETERY
2751 MARKET ST
SAN DIEGO CA 92102
619-827-5479
4301322156665644

DATE: 07/17/97 TIME: 13:37:19
MERH: 322156665644 STRH: 4301 TERH: 0002
S-A-L-E-S A-R-R-F-T

REF: 0001
BATCH: 315
CD TYPE: VISA
TR TYPE: MP

TOTAL: $4465.82M

ACCT: xxxxxxxxxxxx6065 EXP: xxxx
AP: 013071 AVS: ZIP MATCH

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

None / Fax

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Interment of
Vick Daugherty
7-16-329

E 20299

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			
		SHELBY				

Flagged **Yes** _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Vicki Daugherty

Interment Date: Friday 20th July Time: 10:00

Div: 7 Sect: 16 Blk/Row: _____ Lot: 52 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAVID Date: 7-18-02

CREMAINS WERE PLACED _____

E20299

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
Vicki	Lynne	Daugherty	08/14/1952	07/14/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Northridge	Los Angeles	Olivian Newsome Mother 11247 De Haven Avenue Pacoima, California 91331

7A. 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
Rucker's Mortuary-12460 Van Nuys Boulevard Pacoima, California 91331	FD-1188	▶	07/16/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	07/17/2007	▶ Jonathan E Fielding MD MPH

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 North Figueroa Street Los Angeles, California 90012	P.O. Box 85222 [illegible] Department San Diego, California 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP-IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, California	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.