MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
Cenotaph

Date 07/17/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sylvia C. Andersen ⊗ 231028

in a Ash Vault (Type of Burial Container) Funeral, date, time Wed August 1, 2:55pm

Church, Chapel, Graveside ____ : ____ Mortuary.

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

will be applied and billed to undersigned. ____

Division 6 Section 4 Blk/Row ____ Lot 9 Grave 3

Grave space & Care Fund	426.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	178.-
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	988.12
Paid receipt number AP02568A	988.12
Balance due	⊖

PAID
WO 5694 JUL 17 2007
to install
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.

231027

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

X [signature]
Signature

X ALLEN ANDERSEN
Print Name

X 5303 COLLIER AVE
Address

X S.D. CA 92115
City Zip Code

X 619 583-8182
Telephone

Invoice # ____

Work Order # E 20300

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

(cenotaph) No remains burial - Memorial gravesite

20300

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

BURIAL CONTAINER Ash vault

			X		Coultick	

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Sylvia C. Andersen

Interment Date: August 1, 2017 Time: 2:55pm

Div: 6 Sect: 4 Blk/Row: ____ Lot: 9 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Ø Date: _____

CREMAINS WERE PLACED Middle

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT needs ingrave w/ chris solomon

Pin: 231030

Date 7-17-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Terrell E. Castor P.A. #20071692

in a DDCRVPT "B" (Type of Burial Container) Funeral, date, time Thurs August 2 11:00

Church, Chapel, Graveside Delivery CA Funeral Alt. Mortuary.

Von: 760-737-2894

All Funeral cars 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 2B

Grave space & Care Fund	131.–
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.–
Burial Container	132.–
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.00
Sales taxes	10 23
Total Due	$ 776.23
Paid receipt number Visa AP 064198	$ 776.23
Balance due	Ø

PAID

JUL 25 2007

MOUNT HOPE CEMETERY

Public Administrator Christina Casanova

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 _____

fax 858 694-3987

Invoice # _____

Work Order # E 20301

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

20301

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

DATE: 07/25/07 TIME: 15:12:31
TRM: 231030
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0006
BATCH: 321
CD TYPE: VISA
TR TYPE: MP

TOTAL: $776.23M

ACCT: **********0001 EXP: ****
AP: 064198
CUST CD: TAX: 0.00

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

THANK YOU
PLEASE COME AGAIN

x Phone/Fax
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-20301

RA Terrell E. Castor
-20071692

20301

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 7-25-07		From: Paulette
To: Greg Ojeda		Telephone #: (619) 527-3400
Telephone #:		Fax #: (619) 527-3403
Fax #:		Pages (including this cover sheet):
Subject: Terrell Castor PA 20071692		

COMMENTS: Please Greg have Public Administrator
fax me back the interment order after Christina
Casanova has signed. Thanks,
Paulette

20301

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

DATE: 07/25/97 TIME: 15:12:31
MERN: 322156665644 STRN: 4301 TERN: 0002
S-A-L-E-S D-R-A-F-T

REF: 0006
BATCH: 321
CD TYPE: VISA
TR TYPE: MP

TOTAL: $776.23M

ACCT: **********0301 EXP: ****
AP: 064198
CUST CD: TAX: 0.00

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

THANK YOU
PLEASE COME AGAIN

X Phone/Fax
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-20301

RA. Terrell E. Castor
20071692

20301

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 65

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TERRELL	EDWARD	CASTOR	08/11/1941	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
ESCONDIDO	SAN DIEGO	CHRISTINA CASANOVA, PUBLIC ADM[redacted]T 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA FUNERAL ALTERNATIVES, 1020 EAST PENNSYLVANIA AVE ESCONDIDO, CA 92025	FD1624	▶ [signature]	07/13/2007

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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
DISINTERMENT/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-2-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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

in grave Stella Laykins & gladys wessels

Date 7-30-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roxanne Jaroma & 231073 12:00

in a Ash vault (Type of Burial Container) Funeral, date, time 8-27-07 Monday

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 78 Grave 14

Grave space & Care Fund A-4928 (1952) 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 199.-

Burial Container Ash vault 104.-

Handling Fees 114.-

Flower vases – Marker setting fee 0

Recording/Filing/Transfer Fees 85.00 quitclaim transfer 170.-

Sales taxes 8.00

Total Due $ 595.06

Paid receipt number R-60209 295.06

AP027687 Balance due 300.00

300.00

PAID

AUG 20 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.

231072

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

Carolyn J. Collins (Signature)

Carolyn J. Collins (Print Name)

2501 Jacaranda (Address)

Carlsbad CA 92009 (City, Zip Code)

760-580-1655 (Telephone)

paulette

Invoice # _____

Work Order # E 20302

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

20302

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Stella Laykins / Gladys Wessels.

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

		KELLOGG X				

Flagged Yes _____ No _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Roxanne Saroma ⊗

Interment Date: 8-27-07 Time: 12:00 Monday

Div: 7 Sect: 2 Blk/Row: ____ Lot: 78 Gr: 14

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

20302

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

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 7 Section 2 Lot 78 Grave 14

2. My legal authority to the above property is based on the following facts: I, Caralyn Jeanne Collins, am the Granddaughter of Stella R. Lykins and daughter of Gladys M. Wessels. My daughter Rayanne Jaroma is to be buried with Stella R. Lykins and Gladys M. Wessels. My Grandfather John Harvey Lykins is also buried at Mt. Hope.

3. I have presented the following evidence to support the above facts.

See Attached

20302

FOR OFFICE USE ONLY

Witnessed:

Signed on _____, _____ in _____
(Date) (City)

Signature _____ Print Full Name _____

Documents Presented:

Family Tree, swern statement, death cert.

Processed by: _____

Approved by Cemetery Manager: David Lugo

Transfer allowed: Yes ✓ **No** _____

If no, reason:

Transfer fee paid ($65.00) _____ **New Deed Issuance Paid** ($65.00) _____

01/23/2007 08:41 FAX 818 602 4000
Jul. 23. 2007 9:25AM No. 2282 P. 2/3

20302

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Roxanne	JAROMA	August 27, 2005	Clark
Las Vegas	Progressive Hospital	Inpatient	Female
White	46		October 26, 1958
California	USA	12	Married	John H Jaroma Jr
561-15-2919	Homemaker	Own Home	
Nevada	Clark	Las Vegas	201 S 6th St Apt 14	Yes
		Caroline	Collins
John H Jaroma Jr - Spouse	201 S 6th St Apt 14 Las Vegas Nevada 89101		
Cremation	Sunrise CRemation & Burial Society	Henderson Nevada	
	605	Sunrise CRemation & Burial Society 745 West Sunset Road #5 Henderson Nevada 89015	
August 29, 2005	0005		
Neal Prendergast MD 4011 McLeod Dr Las Vegas Nevada 89121			5060
	AUG 30 2005		
Cirrhosis Of Liver			
Hepatitis C			
		No	Yes

STATE REGISTRAR

No. 320118

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By:

Date Issued: AUG 31 2005

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573

20302

46

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Roxanna	-	Jarome	10/26/1958	08/27/2005	F

CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Las Vegas	Nevada	John H. Jarome-husband 201 S. 6th St. Apt. 14 Las Vegas, Nevada89101

7A. 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
Poway-Bernardo Mortuary 13243 Poway Rd Poway, CA 92064	FD 1195	▶ [signature]	07/23/2007

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition filed herein is one of the dispositions authorized by Section 103085 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	$11.00	07/23/2007 [signature]	▶ 2701132

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 Health Dept. 3851 Rosecrans St. San Diego, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	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.

P. 1 No. 3266 Aug. 27. 2007 11:15AM

20302

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Roxanne	-	Jaroma	10/26/1958	08/27/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Las Vegas	Nevada	John H. Jaroma-husband 201 S. 6th St. Apt. 1 Las Vegas, Nevada89101

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
Poway-Bernardo Mortuary 13243 Poway Rd Poway, CA 92064	FD 1195	K Wiley	07/23/2007

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	07/23/2007 K. Wiley	2701132

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH 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. 3851 Rosecrans St. San Diego, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED: 8-27-2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: Michael J. Smith	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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.

Guadalupana
Fax
544 9334

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/18/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of STEPHANIE HERNANDEZ 230999

in a O LINER (Type of Burial Container) Funeral, date, time Friday, Jul 20 @ 2:30

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 9 Section 1 Blk/Row ____ Lot ~~1170~~ 1169(2) Grave 1

Grave space & Care Fund	320.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	99.00
Burial Container 39L x 19W x 17.5H	36.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-60155	527.67
Balance due	Ø

PAID
JUL 18 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.

230998

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

Antonio Hernandez
Print Name

544 MERLIN DR
Address

SAN DIEGO CA 92114
City Zip Code

Telephone

Signature

Invoice # ____

Work Order # E 20303

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

20303

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM No one

IN GRAVE WITH ~~STEFANIE HERNANDEZ~~ No one

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

BURIAL CONTAINER 0 Liner

		BOSKER	X			

Flagged Yes _____ No _____

Blind Check Initiated By: _____ Date: _____

Interment space for: STEFANIE HERNANDEZ

Interment Date: 7-20-07 Time: 2:30

Div: 9 Sect: 1 Blk/Row: _____ Lot: 1170 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 7-19-07

CREMAINS WERE PLACED _____

20303

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

19 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
STEPHANIE	JANETT	HERNANDEZ SANDOVAL	11/26/2005	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
NATIONAL CITY	SAN DIEGO	ANTONIO HERNANDEZ, FATHER 544 MERLIN 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 filing permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶	07/19/2007

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	07/19/2007	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 MOUNT HOPE CEMETERY, 3751 MARKET ST.,SAN DIEGO,CA.92102	11B. DATE BURIED 7-23-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Noriega		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE	

COPY 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 7/20/2007

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Francisco Salgado Sanchez 231021

In a Liner (Type of Burial Container) Funeral, date, time Tues. July 24

Church, Chapel, Graveside ; Guadalupana Mortuary 2:00

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 14 Grave 4

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	1.03
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number AP 31020A	1,679.47
Balance due	0

PAID

JUL 19 2007

MOUNT HOPE CEMETERY

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

231018

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

Signature: Julian Salgado

Print Name: Julian Salgado

Address: 3019 Boston Ave

City: SD CA Zip Code: 92113

Telephone: 619 233 6445

Invoice # _____

Work Order # E 20304 Acct. # _____

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

LOW INCOME

20304

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: Francisco Salgado Sanches

Address: 3019 Boston Ave

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) $14,400	____ (4)	$ 39,980
____	(2) $ 23,590	____ (5)	$ 47,180
____	(3) $ 32,390	____ (6)	$ 55,180 MDC

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.

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.

Julian Salgado — 7.20.07

Signature — Relationship — Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Approved By — 7/20/07 Date

Current IRS 1040 2006 documents verified on: ____

Approved By

Date 7/20/07

70304

Form 1040 U.S. Individual Income Tax Return 2006

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

For the year Jan 1 - Dec 31, 2006, or other tax year beginning 2006, ending 20

Label (See instructions.)

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

Your first name: JULIAN SALGADO DELGADO — MI — Last name

If a joint return, spouse's first name: MARIA ELENA APARICIO DE SALGADO — MI — Last name

Home address (number and street). If you have a P.O. box, see instructions.: 3019 BOSTON AVENUE — Apartment no.

City, town or post office. If you have a foreign address, see instructions.: SAN DIEGO, CA 92113-3727 — State — ZIP code

Your social security number: 613-20-2251

Spouse's social security number: 602-76-9574

You **must** enter your social security number(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 [X] Married filing jointly (even if only one had income)

3 [ ] Married filing separately. Enter spouse's SSN above & full name here ▶

4 [ ] Head of household (with qualifying person). (See 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 [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a

b [X] **Spouse**

Boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see instrs)
STEPHANIE APARICIO SALGADO	602-30-6204	Daughter	[ ]
JULIAN SALGADO-APARICIO	613-44-5045	Son	[X]
JOSELYN SALGADO	614-60-6192	Daughter	[X]
ESTHER GUADALUPE SALGADO	617-94-1588	Daughter	[X]

No. of children on 6c who: • lived with you: 4 • did not live with you due to divorce or separation (see instrs): Dependents on 6c not entered above: Add numbers on lines above ▶ 6

If more than four dependents, see instructions.

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	40,835.
8a	**Taxable** interest. Attach Schedule B if required	8a	
b	**Tax-exempt** interest. **Do not** include on line 8a — 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see instrs) — 9b		
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here ▶ [ ]	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions — 15a — b Taxable amount (see instrs)	15b	
16a	Pensions and annuities — 16a — b Taxable amount (see instrs)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	1,049.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits — 20a — b Taxable amount (see instrs)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	41,884.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23	Archer MSA deduction. Attach Form 8853	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see instructions)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction (see instructions)	32	
33	Student loan interest deduction (see instructions)	33	
34	Jury duty pay you gave to your employer	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 - 31a and 32 - 35	36	0.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	41,884.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112L 11/07/06 Form **1040** (2006)

20304

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			
				HANIBAL		

agged Yes _____ No _____

ıd Check Initiated By: _____ Date: _____

ɜrment space for: Francisco Salgado Sanchez

ɜrment Date: _____ Time: _____

: 11 Sect: 2 Blk/Row: ____ Lot: 14 Gr: 4

ıve Laid out by: Norman Ferguson

ees with Legal Card: ☐ Yes ☐ No

ees with Map: ☐ Yes ☐ No

ıd Check & Verified By: _____ Date: _____

MAINS WERE PLACED

20304

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
FRANCISCO	SALGADO	SANCHEZ	10/10/1939	07/19/2007 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	JULIAN SALGADO, SON 3019 BOSTON AVENUE SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	David Lyon	07/24/2007

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	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
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 7-24-2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wilma J. Wooten	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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 07-20-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Curtilia D. Dean

in a Top Seal Vault (Type of Burial Container) Funeral, date, time Thursday 26th 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 11 Section 2 Blk/Row _____ Lot 61 Grave 4

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-69164	3,507.51
Balance due	Ø

JUL 24 2007

MOUNT HOPE CEMETERY

Wait 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

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 20305

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

20305

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 ?

	DOLLY	WATKINS	X			
		WARREN				

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Curtilia D. Dean

Interment Date: Thursday July 26th Time: 10:00 am

Div: 11 Sect: 2 Blk/Row: ____ Lot: 61 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 7-25-07

CREMAINS WERE PLACED

20305
3

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
CURTILIA	DENISE	DEAN	05/26/1973	07/18/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
AURORA	COLORADO	CONNIE HOUSTON: MOTHER 3977 ENERO WAY SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	Sonnika Pryor	07/25/2007

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 07/26/2007	2701145

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-26-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY 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 7/20/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnny Lorenzo Peay 231006

in a DD Crypt (Type of Burial Container) Funeral, date, time Tues, July 24, 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 PAID Lot 231 Grave 11

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	539.00
Hand'ing Fees	454.00
Flower vases – Marker setting fee ~~Trion~~ WO 5692	~~243.71~~
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due $538.72	~~4,140.48~~
Paid receipt number ~~R-60159~~	~~4,140.48~~
Balance due	0

JUL 20 2007 + 7/25/07

MOUNT HOPE CEMETERY

R-60165

R-60163 for $3,358.05

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.

Rochelle D. Peay
Signature

actually non-resident Peas

Rochelle D. Peay 231005
Print Name

460 Sawtelle Ave.
Address

San Diego, CA 92114
City Zip Code

(619) 825-5316
Telephone

Invoice # _____

Work Order # E 20306

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

20304

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH [illegible]
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 DO CRYPT 1

			X			
		ANDREW			FRANKLIN	

agged Yes _____ No _____

ıd Check Initiated By: _____ Date: _____

ırment space for: Johnny L. Reay

ırment Date: 7-24 Time: 12:00 church

: 12 Sect: 2 Blk/Row: ____ Lot: 231 Gr: 11

ıve Laid out by: Norman Ferguson

ees with Legal Card: ☑ Yes ☐ No

ees with Map: ☑ Yes ☐ No

ıd Check & Verified By: David Moriega Date: 7-23-07

MAINS WERE PLACED

203 06

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHNNY	LORENZO	PEAY	04/30/1962	07/18/2007	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	ROCHELLE PEAY, WIFE 460 SAWTELLE STREET SAN DIEGO, CA 92114

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

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	07/23/2007	▶ 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 MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7-24-2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wilma J. Wootten	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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.)

15 CHAIRS
At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 07-23-07

N.R.

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SHOJI DATE ⊗ 231039

in a ASH VAULT (Type of Burial Container) Funeral, date, time SAT. AUG. 11th 10:30

Church, Chapel, Graveside ; FAMILY Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 4800 Grave 1

Gravespace & Care Fund	C - 2846 1973	Ø
Overtime/Late Arrival Fees	SAT. 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	R-60167	906.06
Balance due		Ø

PAID
JUL 25 2007
8/8/07 CANOPY - AP 729078
MOUNT HOPE CEMETERY

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

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

Shirley A. Umekubo
Signature

SHIRLEY UMEKUBO
Print Name

3612 CIENEGA DR.
Address

BONITA, CA 91902
City Zip Code

619-475-5587
Telephone

Invoice # _____

Work Order # E 20307

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

20307

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH Minoru Date ⊗

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

			X			

agged Yes _____ No _____

ıd Check Initiated By: _____ Date: _____

ɜrment space for: Shoji Date ⊗

ɜrment Date: 8-11-07 Time: 10:30 Graveside

: 10 Sect: _____ Blk/Row: _____ Lot: 4800 Gr: _____

ıve Laid out by: Norman Pequan

ees with Legal Card: ☐ Yes ☐ No

ees with Map: ☐ Yes ☐ No

ıd Check & Verified By: David Moriega Date: 8-7-07

MAINS WERE PLACED TOP OF GRAVE

20307

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHOJI	-	DATE	08/08/1918	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
CHULA VISTA	SAN DIEGO	SHIRLEY UMEKUBO, NIECE 3612 CIENEGA DRIVE BONITA, CA 91902

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA, CA 91911	FD1682	▶ [signature]	7/19/07

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	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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 8-12-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES, INC. 2570 FORTUNE WAY VISTA, CA 92083	12B. DATE CREMATED 7-20-07	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 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.)

Sat. Service 20307
Canopy 10-4800

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4381322156665644

DATE: 08/09/07 TIME: 08:46:04
MERN: 2156665644 STRN: 4381 TERN: 0002
S-A-L-E-S D-E-A-F-T

REF: 0001
BATCH: 332
CD TYPE: VISA
TR TYPE: MP

TOTAL: $65.00M

ACCT: **********1647 EXP: ****
AP: 729878 AVS: NO MATCH
V-CODE MATCH

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

THANK YOU
PLEASE COME AGAIN

X Phone/

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-23 07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Latha-Louise Jackson 231020

in a Liner (Type of Burial Container) Funeral, date, time Monday July 30

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 12 Grave 1

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1679.47
Paid receipt number R-60161	1679.47
Balance due	0

PAID
JUL 26 2007
MOUNT HOPE CEMETERY

MERT TO PAY

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

231019

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

Raquel Y. Shipley
Signature

x Roquel Y. Shipley
Print Name

x 439 Los Angeles Pl.
Address

San Diego, Calif 92110
City Zip Code

x (619) 266-2652
Telephone

Paulette

Work Order # E 20308

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

LOW Income

20308

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 _____

			X			
MALLORY					WILLIAMS	

agged Yes _____ No _____

ıd Check Initiated By: _____ Date: _____

ɜrment space for: Louise Jackson

ɜrment Date: Mon. July 30 Time: 9:00

: 11 Sect: 2 Blk/Row: ____ Lot: 12 Gr: 1

ıve Laid out by: _____

ees with Legal Card: ☑ Yes ☐ No

ees with Map: ☑ Yes ☐ No

ıd Check & Verified By: David Noriega Date: 7-27-07

MAINS WERE PLACED

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.

X Name of Deceased: Latha Louise Jackson

X Address: 865 Gwen Street

X City: San Diego State Ca Zip Code 92114

X City of San Diego resident? (Circle) YES NO

X **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.

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 Raquel G. Shipley X daughter X 07-23-07

Signature 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] 7/23/07

Approved by Date

Current SSA Documents verified on: 7/23/07

Approved By [signature]

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

SOCIAL SECURITY ADMINISTRATION

Date: July 23, 2007
Claim Number: [redacted]

LOUISE L JACKSON
865 GWEN ST
SAN DIEGO CA 92114-6220

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.....$ 665.30

We deduct $0.00 for medical insurance premiums each month.

$7,980.00

The regular monthly Social Security payment is.....$ 665.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Past Social Security Benefits

From December 2005 to November 2006, the full monthly
Social Security benefit before any
deductions was.....$ 644.10

We deducted $0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was.....$ 644.00
(We must round down to the whole dollar.)

Information About Supplemental Security Income Payments

Beginning February 2004, the current
Supplemental Security Income payment is.....$ 0.00

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.)

Payments were stopped beginning July 2004.

Date of Birth Information

The date of birth shown on our records is August 1, 1933.

Medicare Information

You are entitled to hospital insurance under Medicare beginning October 1990.

You are entitled to medical insurance under Medicare beginning October 1990

You are enrolled in a Prescription Drug (Medicare Part D) plan beginning January 1, 2007.

Your Prescription Drug (Medicare Part D) Provider is UNITED HEALTH CARE INS. CO. AND UNITED NEW YORK.

Your Prescription Drug (Medicare Part D) Plan is AARP MedicareRx Plan - Saver.

Your Prescription Drug (Medicare Part D) Plan Account Number is S5921001000.

Your Prescription Drug (Medicare Part D) premium is fully subsidized effective January 1, 2007.

20308

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 619-267-1175. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

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

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

OFFICE MANAGER

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

20308

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
LATHA	LOUISE	JACKSON	08/01/1933	07/20/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROQUEL SHIPLEY, DAUGHTER 439 LOS ANGELES PLACE SAN DIEGO, CA 92114-5321

7A. TYPED NAME AND ADDRESS OF 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 91945-1515	FD1673	▶ Latha Jackson	07/23/2007

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	07/23/2007	▶ 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 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
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 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
in grave w/ Edward Horst

Date 7-23-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence Horst @ 208753

in a ASH VAULT (Type of Burial Container) Funeral, date, time FRI ~~[illegible]~~ 14 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 214 Grave 1 (b)

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 B607208	510.06
Balance due	0

PAID AUG 20 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.

231098

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

Robert J. Horst
Signature

X Robert J. Horst
Print Name

X 11545 Postkill Rd.
Address

X Lakeside 92040
City Zip Code

619-443-7806
Telephone

Invoice # _____

Work Order # E 20309

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

20309

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

N GRAVE WITH Edward Horst

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 ashvault

		SANDFORT X			COPPOCK	

?lagged **Yes**_____ **No**_____

lind Check Initiated By: _____ Date: _____

ıterment space for: Florence Horst

ıterment Date: 9-14-07 FRI Time: 2:00

iv: 8 Sect: 3 Blk/Row: ____ Lot: 214 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 MIDDLE

20309

STATE OF UTAH DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS AND STATISTICS
BURIAL-TRANSIT PERMIT

2007008148
STATE FILE NUMBER

THIS BURIAL PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

REQUIREMENTS FOR BURIAL-TRANSIT PERMITS:

Registrar: This Burial-Transit Permit may only be issued upon receipt of satisfactory proof of a death certificate.

This permit is issued for dead bodies or fetuses to be transported out of Utah for final disposition; or when disposition is made by a person other than a licensed funeral director.

Funeral Director or Mortuary: For deaths or fetal deaths which occur in Utah, no Burial-Transit Permit shall be required for final disposition of the remains if disposition occurs in Utah and is performed by a licensed funeral director or if the disposition takes place in an institution with authorization of the next of kin.

When a Burial-Transit Permit is issued under the law of another state which accompanies a dead body or dead fetus brought into this state is authority for final disposition of the body or fetus in Utah.

Not later than the tenth day of each month, every funeral director shall send to the local registrar the monthly report of deaths.

Sexton: A Sexton or person in charge of any premises where interments are made may not inter or permit the interment of any dead body or dead fetus unless the interment is made by a licensed funeral director or by a person holding a Burial-Transit Permit.

INFORMATION AS REPORTED ON THE ORIGINAL DEATH CERTIFICATE

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH	3a. COUNTY OF DEATH
Florence Bertha Marie Horst	Female	July 21, 2007	Kane

4. DATE OF BIRTH (Month, Day, Year)	5. AGE	6. BIRTHPLACE
November 29, 1910	96	Hebron, Nebraska

AUTHORIZATION FROM FAMILY OR INFORMANT

7. NAME OF NEXT OF KIN OR OTHER PERSON AUTHORIZING DISPOSITION (First, Middle, Last)	7a. RELATIONSHIP
Bonnie Chambers	Daughter

8. MAILING ADDRESS (City, County, State)
885 W. Rider Drive, Kanab, Kane, Utah

MANNER AND PLACE OF DISPOSAL (FUNERAL DIRECTOR)

10. NAME OF FUNERAL HOME	11. ADDRESS OF FUNERAL HOME OR AUTHORIZED PERSON (City, County, State)
Mosdell Mortuary	676 South Highway 89A , Kanab, Utah 84741

12. NAME OF FUNERAL DIRECTOR (First, Middle, Last)	12a. LICENSE NUMBER
Christian P. Mosdell	5003069

13. METHOD OF DISPOSITION(S) (check Applicable Items): ☐ Burial in Utah ☒ Cremation ☒ Transit to outside of Utah ☐ Other (Specify)

14. BURIAL DATE IN UTAH OR DATE BODY MOVED OUTSIDE OF UTAH (Month, Day, Year)	15. NAME OF CEMETERY, CREMATORY OR PERSON(S) RECEIVING REMAINS
09-12-2007	Mount Hope Cemetery

16. ADDRESS OF CEMETERY OR CREMATORY (City, State)
3751 Markey Street, San Diego, California 92102

17. ADDRESS OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY SCATTERING OF REMAINS

A CERTIFICATE OF DEATH HAS BEEN FILED AS REQUIRED BY THE LAWS OF THE STATE OF UTAH. PERMISSION IS HEREBY GIVEN TO DISPOSE OF THIS BODY. FOR QUESTIONS REGARDING THIS PERMIT, PLEASE CALL (801) 538-6371 OR (801) 538-6364

UDOH-OVRS-14 Rev. 02/06

20309

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
FLORENCE	BERTHA MARIE	HORST	11/29/1910	07/21/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
KANAB	UTAH	BONNIE CHERRIBERE: DAUGHT 885 W. RIDER DRIVE KANAB, UTAH 84741

7A. TYPED NAME AND ADDRESS OF 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	Sienrika Pryor	09/14/2007

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 09/14/2007	2701435

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-14-07	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 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

~~pre-need~~ to At-need

Date July 24, 2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Sandra K. Hunter 231004

in a Liner (Type of Burial Container) Funeral, date, time Thurs. Aug. 2 10:30

Church, Chapel, Graveside _____, Anderson, Ragsdale St Ritas Mortuary

All Funeral cars 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 5

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number P-00908	3,358.93
Balance due	0

PAID
JUL 24 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.

231029

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

x William Lyons
Signature

x William Lyons
Print Name

x 126 Euclid Ave Ste B
Address

x San Diego CA 92114
City Zip Code

x 619-266-1276 or 619-838-5136
Telephone

Invoice # _____

Work Order # E 20310

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

20310

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		TURNER	TURNER
			SWIFT			

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Sandra K. Hunter

Interment Date: Thurs 8/2 Time: 10:30

Div: 11 Sect: 2 Blk/Row: ____ Lot: 40 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 _____

20310

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 55

1A. NAME OF 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	KAYE ELIZABETH	HUNTER	03/12/1952	07/27/2007	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	BILL LYONS, BROTHER 126 EUCLID 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 (Funeral director or person making permit)	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Stennila Pryor	08/01/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	08/01/2007	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 8/2/07	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 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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NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

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

Res. fee
At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-24-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sylvia Williams 231023 12:00

in a Liner (Type of Burial Container) Funeral, date, time July 31 TUESDAY

Church, Chapel, Graveside _____ : Angelus Mortuary.

All Funeral cars 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 9

Grave space & Care Fund	2264-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	2093
Total Due	3358 93
Paid receipt number R-60172	3,358.93
Balance due	Ø

PAID
JUL 27 2007
MOUNT HOPE CEMETERY

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

231022

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

X _____ Signature

X Edward Prendell Print Name

X 5844 Division St Address

X San Diego 92114 City Zip Code

X (619) 264-7330 Telephone

X General Rules/Regulations

Work Order # E 20311

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

20311

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

		~~Clark~~		CLARK		
~~[illegible]~~	~~[illegible]~~	~~HUFF~~ ~~ANDERSON~~	X	HUFF	ANDERSON	

agged Yes _____ No _____

ıd Check Initiated By: _____ Date: _____

ɜrment space for: Sylvia Williams

ɜrment Date: ~~[illegible]~~ 7-31-07 Time: Tuesday 12:00 Delivery

: 12 Sect: 1 Blk/Row: ____ Lot: 69 Gr: 9

ıve Laid out by: Norman Ferguson

ees with Legal Card: ☑ Yes ☐ No

ees with Map: ☑ Yes ☐ No

ıd Check & Verified By: [illegible] Date: 7-30-07

MAINS WERE PLACED

Bank of America

20311

0306 P P
E0-3

SYLVIA WILLIAMS
ROBERT PRENDELL JR
206 SWEETWOOD STREET
SAN DIEGO CA 92114-4324

Your Bank of America MyAccess checking Statement

Statement Period:
May 24 through June 22, 2007

Account Number: [redacted]

At Your Service
Call: 323.730.9140

Written Inquiries
Bank of America
11th & Hill
PO Box 37176
San Francisco, CA 94137-0001

Customer since 1972
Bank of America appreciates your business and we enjoy serving you.

20311

93

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Sylvia	-	Williams	01/31/1914	07/21/2007	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Angeles	Los Angeles	Edward Prendell, Grandson 206 Sweetwood 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
Angelus Funeral Home 3875 S. Crenshaw Blvd. Los Angeles, Ca., 90008	FD 243	▶ [illegible]	07/27/2007

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	07/30/2007	▶ Jonathan C Fielding MD T

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. Figueroa St. Los Angeles. Ca.,90012	County Of San Diego Health Dep. 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 7-30-07	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 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
☒ grave of wife: Shu Chieh Sun

Date 7-24-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yung Sun ⊗ 231046 10:00

in a ASH VAULT (Type of Burial Container) Funeral, date, time August 13th Monday

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 2 Blk/Row _____ Lot 137 Grave 12

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 P00924	510.06
Balance due	0

PAID AUG - 9 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.

Signature [signature]

Print Name BARBARA JUNG

Address P.O. BOX 33112

City SAN DIEGO Zip Code 92163

Telephone 619-743-3337

Invoice # _____

Work Order # E 20312

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

20312

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

GRAVE WITH Shu Chieh Sun
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

			X		LIU	
			WONG			

agged Yes_____ No_____
d Check Initiated By: _____ Date: _____

erment space for: Yung Sun

erment Date: _____ Time: _____

: 11 Sect: 2 Blk/Row: ____ Lot: 137 Gr: 12

we Laid out by: Thomas Ferguson

ees with Legal Card: ☐ Yes ☐ No

ees with Map: ☐ Yes ☐ No

d Check & Verified By: _____ Date: _____

MAINS WERE PLACED [illegible]

20312

#6613

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 87

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YUNG	-	SUN	08/21/1919	07/05/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MILPITAS	SANTA CLARA	WEI PAI SUN, SON 246 WOODLAND WAY MILPITAS, CA 95035

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BAY AREA CREMATION & FUNERAL SERVICES, 2400 MOORPARK AVE #104 SAN JOSE, CA 95128	FD1762	▶ Andrew Sun	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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	07/11/2007	▶ MARTIN D FENSTERSHEIB, 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
SANTA CLARA HEALTH DEPARTMENT 645 SOUTH BASCOM AVE SAN JOSE, CA 95128	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CASTRO VALLEY CREMATORY INC., 21228 REDWOOD RD., CASTRO VALLEY, CA 94546	12B. DATE CREMATED 07/13/2007	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 103080.

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

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

Non-Resident
At need

City of San Diego

Date 7-25-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bessie Campbell 231014

in a Liner (Type of Burial Container) Funeral, date, time FRIDAY JULY 27

Church, Chapel, Graveside CA BURIAL Mortuary Escalante blvd 11:00

(619) 286-0017

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 122 Grave 11

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 AP 104336	4,465.82
Balance due	0

PAID
JUL 26 2007
MOUNT HOPE CEMETERY

Visa Card

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

231013

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

X [signature]
Signature

X Kimberly Arson
Print Name

X 1800 N. Green Valley P Kwy #1923
Address

X Henderson NV 89074
City Zip Code

(702) 588-3958
Telephone

Invoice # _____

Work Order # E 20313

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

20313

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

			5 Martin	6 Martin		
	encroached Bowen	grave Bowen	11 X	12 Hill	Manson	
		Fucilau Jr.	Johnson			

agged Yes ✓ No

ıd Check Initiated By: Paulette Date: 7-26-07

:rment space for: Bessie Campbell

:rment Date: 7/26/07 Time: 11:00

: 12 Sect: 2 Blk/Row: ____ Lot: 122 Gr: 11

ıve Laid out by: Norman Ferguson

ees with Legal Card: ☑ Yes ☐ No

ees with Map: ☑ Yes ☐ No

ıd Check & Verified By: David Noriega Date: 7-26-07

MAINS WERE PLACED

20313

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
BESSIE	M	CAMPBELL	08/18/1918	07/20/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CAJON	SAN DIEGO	KIMBERLY ARSON, GRANDDAUGHTER 1800 N GREEN VALLEY PARKWAY #1923 HENDERSON, NV 89074

7A. TYPED NAME AND ADDRESS OF 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	7/25/07

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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): BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 7-27-07	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

pre-need trust
daughter of Almere St. Clair

Date 7-25-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Deloris Miller ⊗

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

Church, Chapel, Graveside ; Mortuary.

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

will be applied and billed to undersigned

Division 12 Section 1 Blk/Row Lot 158 Grave 12

Grave space & Care Fund E007663	Θ
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66.-
Sales taxes	6.12
Total Due	384.12
Paid receipt number MC 014 625	76.82
Balance due	307.30

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

231024

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

Barbara Stacy-Fields
Signature

Barbara Stacy-Fields
Print Name

X2225 Saipan Dr. #7
Address

San Diego CA 92139
City Zip Code

619-470-1143
Telephone

Invoice #

Work Order # E 20314

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

NON-RES
At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 07/25/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Curtilia D. Dean 231015

in a T.S. VAULT (Type of Burial Container) Funeral, date, time Thursday July 26 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 61 Grave 4

Grave space & Care Fund	3011.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	472-
Handling Fees	350 -
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	36.58
Total Due	4,662.58
Paid receipt number R- 60164	3,507.51
Balance due	1,155.07
R-60170	1,155.07

PAID JUL 26 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.

231009

x Connie Huston
Print Name

x 3977 ENERO WAY
Address

x San Diego, CA 92154
City Zip Code

x
Telephone

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

x
Signature

Invoice # _____

Work Order # E 20315

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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(At need)

~~pre-need~~

~~101/trust~~

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 07-27-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Shirley A. Wright. 231063

in a topseal vault (Type of Burial Container) Funeral, date, time Weds. Aug. 15, 12:30

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 48 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 33.09 / 178.-	211.09
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	3,718.60
Paid receipt number MC AP 006362	3718.60
Balance due	Ø

PAID

AUG - 6 2007

MOUNT HOPE CEMETERY

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

231036

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

X Tracy L. Wright
Signature

X TRACY L. WRIGHT
Print Name

X 15200 Brickwood Dr. Apt 102
Address

X Woodbridge, VA 22193
City Zip Code

X (706) 373-5566 cell
Telephone

Invoice # _____

Work Order # E 20316

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

20316

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

	GRANT		X			
		Starkes Ponce				

Flagged Yes _____ No _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Shirley A. Wright

Interment Date: Weds. Aug. 15 Time: 12:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 48 Gr: 3

Grave Laid out by: Marmon Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-14-15

CREMAINS WERE PLACED _____

20316

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
SHIRLEY	ANN	WRIGHT	01/04/1946	08/08/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	TRACY WRIGHT, DAUGHTER 15200 BRICKWOOD DRIVE #102 WOODBRIDGE, VA 22193

7A. TYPED NAME AND ADDRESS OF 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	Joseph Kenny Jr.	08/10/2007

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	08/10/2007	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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-15-07	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 7/27/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daniel Bracamontes 231026 10'00

in a TS Vault (Type of Burial Container) Funeral, date, time Wed. Aug 1, 2007 @

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 210 Grave 8

PAID

JUL 30 2007

MOUNT HOPE CEMETERY

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	3,507.51
Paid receipt number R-60173	3,507.51
Balance due	Ø

Mortuary to pay

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

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

Signature

David Bracamontes 231025

Print Name

3813 Cherry Blossom St.

Address

National City Ca 91950

City Zip Code

(619) 267-4217

Telephone

Invoice # _____

Work Order # E 20317

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

20317

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

			X	CARTER		
		VOLASCO	VOLASCO			

Flagged Yes _____ No _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Daniel Bracamontes

Interment Date: 8/1/2007 Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 210 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 7-29-07

REMAINS WERE PLACED _____

20317

DAVID

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

28

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DANIEL	-	BRACAMONTES	03/07/1979	07/25/2007 FND	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	DANIEL BRACAMONTES, BROTHER 3813 CHERRY BLOSSOM STREET NATIONAL CITY, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶ David Ayala	07/30/2007

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	07/30/2007	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST,SAN DIEGO,CA,92102	11B. DATE BURIED 8-1-07	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.

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MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 7-27-07

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

in a Ash vault (Type of Burial Container) Funeral, date, time ~~Fri. August 10th~~

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 15 Grave 12

A-3375

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.

X _____
Signature

X _____
Print Name

X _____
Address

X _____ Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 20318

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

FORM 974(REV.)

20318

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

29302

№A 3375

Date Aug 30 - 1957

Charge B. O. Dranga

Address 3368 - 2nd Ave. S.D.

Name of deceased

Mortician

Pre need

Lot 16-15 Gr. 7+8 11+12 Row Sec 7 ~~Blk~~ Div. 5	200	00
Opening: Time A.M. P.M. Day Date		
Vault Box Size		
Removal or Foundation		
Total	200	00
Paid-Receipt Number C5308	200	00
Balance	—	

PAID MT. HOPE CEMETERY

Authorized In erson Phone By

Order Taken by R. L. Taylor

Cash 30 Days. All Deposits made will be retained if payment defaulted.

20318

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

BURIAL CONTAINER Ash vault

			X	B Dranga		Jeffery

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Dorothy Dranga Ø

Interment Date: ~~August 7th Friday~~ Time: 2:55pm

Div: 5 Sect: 7 Blk/Row: _____ Lot: 15 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

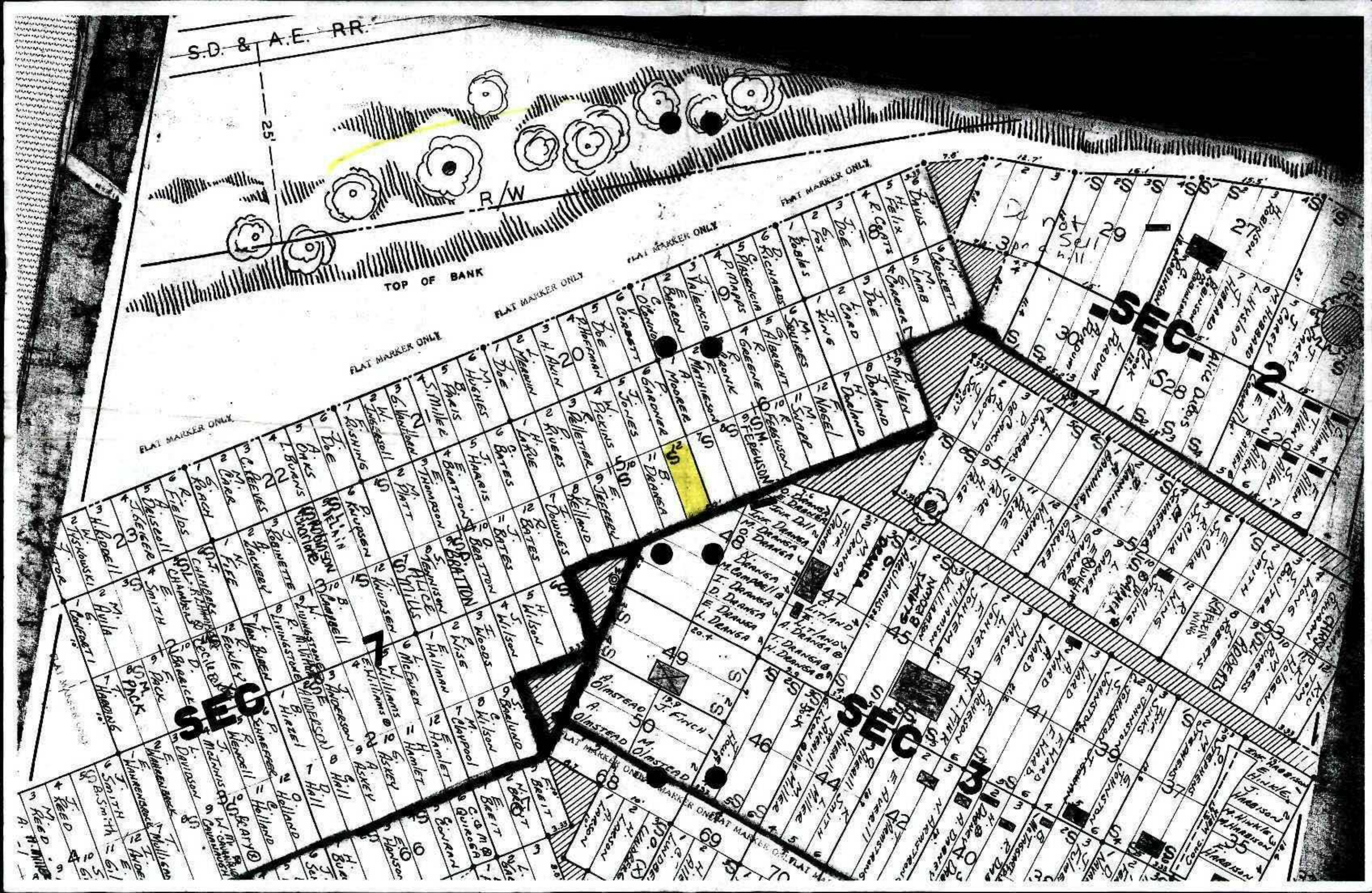
CREMAINS WERE PLACED

LEGAL DESCRIPTION

LOT 15 SECTION 7 DIVISION 5 20318

Nr.	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	REM
1	La RUE, Harry	•			1/15/1971	C-9611	County
2	RIVERS, Paul H.	•			1/18/1971	C-9625	County
3	PELLETIER, Robert A. aka WILKINS	•			2/4/1971	C-9712	County
4	PICKINS, William L.	•			2/3/1971	C-9703	County
5	JONES, Joseph	•			1/28/1971	C-9681	COUNTY
6	GARDNER, Pura F.	•			12/29/1970	C-9538	County
7	DOWNES, Irene M.	DOWNES, John M1	4/28/1958	75.00	5/1/1958	B-3244	
8	KELLAND, Nellie	BARTLETT, J. Phillip	3/10/1957	75.00	3/12/1957	B-1614	
9	JEFFERY, Eula E.	JEFFERY, Elmer R.	9/21/1962	125.00	9/24/1962	B-8961	
10		BATES, Ona Belle	8/12/1975	160.00		D-6137	
11	DRANGA, Burton O. Sr.	Dranga, B.O.	3/30/1951	50.00	4/28/1971	D-246 A-3375	Over
12	E-20318	" "	8/30/1951	50.00		A-3375	Authorized for Dorut Eugen

TAYLOR SYSTEM OF CEMETERY RECORDING


S.D. & A.E. RR.
25'
R/W
TOP OF BANK
FLAT MARKER ONLY
SEC 7
SEC 2
SEC 3

PAULETTE

AUG [redacted]30

2038.

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 7-27-07 12:10

CALL TAKEN BY: Tom

RECEIVED CALL FROM:

☐ MORTUARY NAME:

☑ FAMILY MEMBER/REPRESENTATIVE

PAID FOR 1997

CONTACT PERSON: EUGENIA HAMMOND

TELEPHONE NO: 619 426 6831

NAME OF DECEASED:

LAST NAME: DOROTHY [redacted] DRANGA ⊗

DILL THOMAS J.

FIRST NAME: T.

DOD: DOB: July 20, 1913

VETERAN ☐ BRANCH OF SERVICE:

☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD

FUNERAL SERVICE

TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☑ GRAVESIDE

LOCATION OF SERVICE:

DATE OF SERVICE: Fri ~~AUG 10th~~ ~~TIME OF SERVICE: 3:30~~

EXPECTED ARRIVAL TIME AT MT. HOME:

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

DIV: 5 SECT: 7 BLK/ROW: LOT: 16 GRAVE: 7/8

☐ SINGLE GRAVE ☑ CREMATION 15 11,12,

☐ DBL DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE ☐ COMMITTAL ☐ GRAVESIDE

☐ WITNESS ONLY ☐ DELIVERY ONLY

☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS:

5-7-13-12

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 07/30/07

on grave of: Gary Anthony & Ruby L. Blackman

281041

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Melony Edwards-Barnes @ 11:00

in a ASH VAULT (Type of Burial Container) Funeral, date, time Friday August 3rd, 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 61 Grave 1

Grave space & Care Fund E-10234	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 R060179	384.12
Balance due	Ø

PAID

AUG - 1 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.

April B Hicks

Signature

APRIL B HICKS

Print Name

10272 PATRIOT ST.

Address

San Diego CA 92124

City Zip Code

619-787-5407

Telephone

Invoice # _____

Work Order # E 20319

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

20319

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Gary Anthony & Ruby Blackman &

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

BURIAL CONTAINER A Shuault

			X			

Flagged Yes _____ No _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Melody Edwards Barnes ⊗

Interment Date: Fri. Aug 3 Time: 11:00 Church

Div: 11 Sect: 2 Blk/Row: _____ Lot: 61 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 LEFT CENTER

20319
44

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MELONY	-	EDWARDS	01/26/1963	07/27/2007	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	APRIL HICKS, SISTER 10272 PATRIOT STREET SAN DIEGO, CA 92124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	April Sentus	07/31/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/01/2007	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
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 8-3-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL David Morrison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY COUNTY CREMATORY 192 COMMERCE DRIVE SAN DIEGO, CA 92571	12B. DATE CREMATED 08/01/07	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 2 IS RETAINED BY 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-interment

Date 7-30-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gary Anthony & Ruby Lee Blackman

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 61 Grave 1

Grave space & Care Fund E-10234	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees Disinterment	1,419.–
Sales taxes	
Total Due	1,419.–
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 _____ hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20320

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 7-30-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lola Gibson 231054

in a Liner (Type of Burial Container) Funeral, date, time Friday Aug 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 12 Section 1 Blk/Row _____ Lot 159 Grave 9

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	200.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	209.93
Total Due	3,358.93
Paid receipt number R-60182	3358.93
Balance due	-0-

PAID AUG - 2 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 _____

See attached

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20321

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20

Jul 30 2007 11:56 Anderson-Ragsdale 6192631507 p.2

(MON) JUL 30 2007 12:08/ST. 12:08/No. 7500000078 P 1

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at Need

Date 7-30-07

You are hereby authorized and requested, subject to your rules and regulations, to inter the remains of Lola Gibson

at a Liner (Type of liner contract) Funded, date, time

Church, Chapel, Graveside Ragsdale Mortuary

An Funeral cars 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 Bedfield Lot 159 Grave 9

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Covering/Closing a Space	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Handling Fees	65.-
Sales taxes	209.3
Total Due	3,358.93

Paid receipt number

Balance due

I hereby certify I am the Dtr 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 Mortuary from any liability to officers of said authorization and interment.

I hereby authorize the interment in the field under deed.

Gloria F. Crutcher

Gloria Crutcher
4965 Deaton Dr.
S.D., CA 92102
619.262.6213

Invoice #

Work Order # E 20321

Acct. #

This information is available in alternative formats upon request.

E20321

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

			X	APOORCA		
			JAMISON	STEWARD		

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Lola Gibson

Interment Date: _____ Time: _____

Div: 12 Sect: 1 Blk/Row: _____ Lot: 159 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-1-07

CREMAINS WERE PLACED _____

E20321

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOLA	MAE	GIBSON	10/29/1920	07/27/2007	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	GLORIA CRUTCHER, DAUGHTER 4965 DEATON DRIVE SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Glenn Ka Pro	07/31/2007

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	07/31/2007	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 8-3-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Pegues	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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 7-30-07

Low Income

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bennie Washington 231032

in a Liner (Type of Burial Container) Funeral, date, time Friday Aug. 3 2:30

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 8 Grave 6

PAID

JUL 31 2007

MOUNT HOPE CEMETERY

Grave space & Care Fund	1132.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	35.00
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-60175	1,679.47
Balance due	Ø

Mortuary to pay

I hereby certify I am the X Maria Washington (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. 231031

X Marie Bell
Print Name

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

X MB
Signature

X 3816 Beta St
Address

X San Diego 92113
City Zip Code

X 619 261 9485
Telephone

Paulette

Invoice # _____

Work Order # E 20322

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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LOW-INCOME

E20322

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

CAMMON			X	AMBAYE		
						STRACHAN

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Bennie Washington

Interment Date: Friday Time: 2:30 Graveside

Div: 11 Sect: 2 Blk/Row: ____ Lot: 8 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 8-1-07

CREMAINS WERE PLACED _____

E20322

SOCIAL SECURITY
1333 FRONT STREET
SAN DIEGO CA 92101

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: November 26, 2006
Claim Number: 554-06-0336 DI

954 B088,M4E,124,011842 000029342 01 AT 0.308

[redacted]
BENNY EARL WASHINGTON
3816 BETA ST
SAN DIEGO CA 92113-3913

We are writing to tell you about changes in BENNY E. WASHINGTON's Supplemental Security Income payments. The rest of this letter will tell you more about this change.

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

Information About BENNY E. WASHINGTON's Payments

- The amount due him beginning January 2007 will be $856.00. This amount includes $233.00 from the State of California.
- The amount due him is being raised because the law provides for an increase in Supplemental Security Income payments in January 2007 if there was an increase in the cost-of-living during the past year.

You Can Review The Information in BENNY E. WASHINGTON's Case

The decisions in this letter are based on the law. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations and policy statements used in deciding his case. To do so, please contact us. Our telephone number and address are shown under the heading "If You Have Any Questions."

See Next Page

11/26/2006

Things To Remember

- His payments may change if his circumstances change. Therefore, you are required to report any change in his situation that may affect his Supplemental Security Income payment. For example, you should tell us if he moves, if anyone else moves from or into his household, if his marital status changes, if income or resources for him or members of his household change, if his medical condition improves or if he goes to work.

- This information is also being sent to BENNY E. WASHINGTON.

- You may use this letter when you need proof of his SSI payment amount for other assistance programs such as rent subsidies, energy assistance, medical assistance, bank loans, or for other purposes. However, if you get another letter saying his SSI payment is changing again, use that letter instead.

- We may share information about BENNY E. WASHINGTON with other government agencies that pay benefits. Agencies use such information to see if a person qualifies for benefits. We sometimes use computer matching to share information and compare our records with those of other Federal, State, or local government agencies. The law allows us to use computer matching even if you do not agree.

If You Disagree With The Decision

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

- You have 60 days to ask for an appeal.

- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.

- You must have a good reason for waiting more than 60 days to ask for an appeal.

- To appeal, you must fill out a form called "Request for Reconsideration." The form number is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case Review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case. This is the only kind of appeal you can have to appeal a medical decision.

E20322

*** REC 2007211 163445 H8E016E0 DHYJ CIPQYA2 PQA2 (F-DHY) ***

SOCIAL SECURITY ADMINISTRATION

Date: July 30, 2007
Claim Number: 567-55-5723DI

MARIA BELL
3816 BETTA ST
SAN DIEGO CA 92113-3913

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2007, the current Supplemental Security Income payment is.....$ 856.00

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

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

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 619-557-5257. 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 ADMINISTRATION
7961 UNIVERSITY AVE.
LA MESA, CA 91941 B&O

E20322

ACCOUNT NUMBER CYCLE
8163 342 521 6 10
BENNY E WASHINGTON II
3816 BETA ST SD
Date Mailed: Jul. 16, 2007

Questions? Preguntas?
Please call: 1-800-411-SDGE(7343)
Por Favor Llame: 1-800-311-SDGE(7343)
Web Address: www.sdge.com
email: info@sdge.com

ACCOUNT SUMMARY

Previous Account Balance	123.64
Payments Received	-80.00
Subtotal	43.64
Current Charges	40.73
TOTAL AMOUNT DUE	84.37

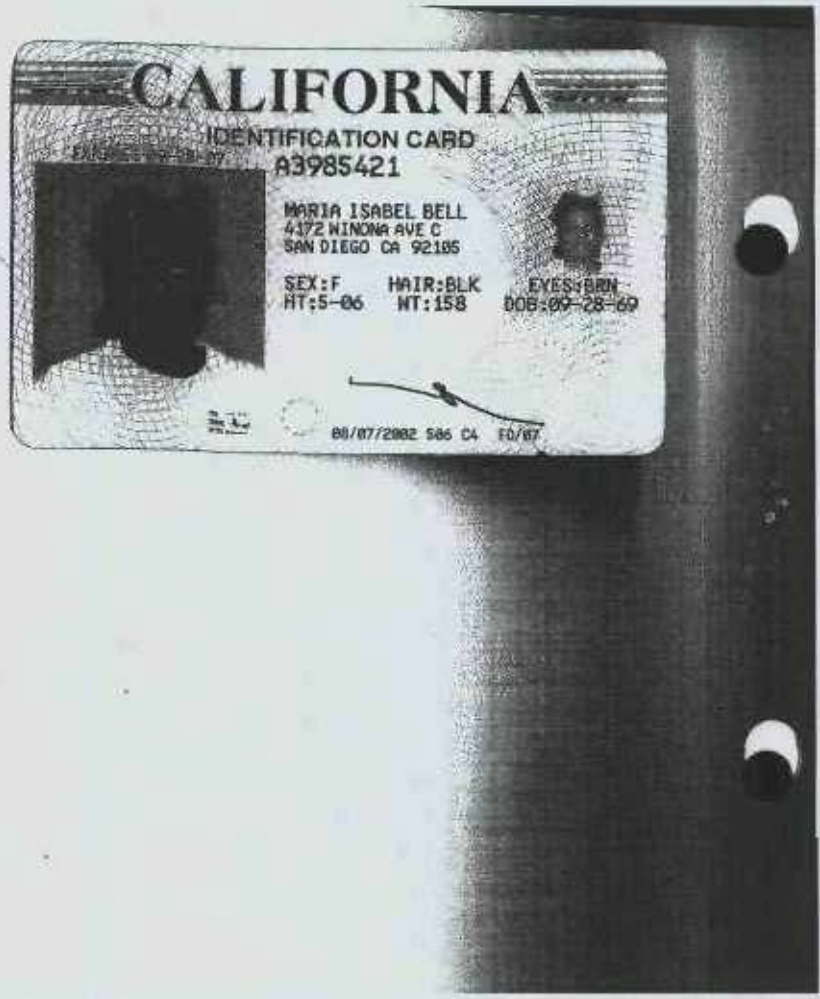
Please Pay $84.37 by Aug. 04, 2007

BILL PERIOD

Service	Meter	Begin	End	Total Consumption
GAS	#00147866	06-13-2007	07-13-2007	22 Therms

TOP OF LIST **MORE PAGES**

NEXT FUNCTION : DATA :
13-CREDIT 14-CURR SERV 16-BILL HIST 17-PYMT HIST 18-ANALYSIS 19-HIGH BILL
20-DEG DAY 21-CUST CNTC 22-ACCT SUMM 23-ACCT BAL 24-REPRINT



E20322

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: Bennie Washington

Address: 3816 Beta St

City: San Diego State C.A Zip Code 92113

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income			Annual Income
X	(1) $14,400		(4)	$ 39,980
X	(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.

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 [signature] Uncle 07.30.07

Signature Relationship Date

X mara Bell wife

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Approved by Date

Current SSI award letter Documents verified on: 7/30/07

Approved By VMRS

Date 7/30/07

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

E 20322

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

52

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BENNY	EARL	WASHINGTON	04/27/1955	07/13/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	MARIA I WASHINGTON, WIFE 3816 BETA STREET SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746		07/30/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	07/31/2007	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 8-3-07	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-30-07

NR

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William B. Cron ~~231066~~ 207409 11:00

in a Double-Depth A Funeral, date, time Mon, Aug 13 4604601

Type of Burial Container

Church, Chapel, Graveside in Elegion x : 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 7 Section 11 Blk/Row _____ Lot 273 Grave 3

Grave space & Care Fund	E-14464 ?	Ø
Overtime/Late Arrival Fees		
Opening/Closing & Setup	E-14465 <2000>	
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 Chie M. Cron 231066
Print Name

x See attached
Address

x City Zip Code

x Telephone

Invoice # _____

Work Order # E 20323

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20323

pre need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-13-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William B. and Chie M. Cron

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 273 Grave 3 Row _____ Section 11 Division/Block 7

Grave space & Care Fund	pre need E-14464	~~0~~
Additional spaces and care fund		—
Opening/Closing & Setup	(2 at 375.00)	750.00
Burial Container		380.00
Handling Fees		320.00
Flower vases – Marker setting fee		—
Recording and filing fee	(2 at 45.00)	90.00
Sales taxes		29.45
Total Due		1569.45
Paid receipt number	VISA	785.00
Balance due		784.45

PAID IN FULL 8-7-00

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

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

_____
Signature of recorded holder of deed

X William B. Cron
Signature

X 7456 White Dr
Address

X [illegible] Ca 91941
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 14465

Acct. # _____

REA 1[illegible] (7-98)

This information is available in alternati[illegible] [illegible]ats upon request.

E20323

Transfer of lot ownership

deed #12256

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-13-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jo. William B. Cron

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

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 273 Grave 3 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund B-3808	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee Transfer fee	45.00
Sales taxes	
Fr: Ruby Brinkley Cron Total Due	45.00
Paid receipt number 50175	45.00
Balance due	~~0~~

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

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

_____
Signature of recorded holder of deed

X William B Cron
Signature

X 7456 WAITE Dr
Address

X CA MESA CA 91941
City Zip Code

X (619) 466-4203
Telephone

Invoice # _____

Work Order # E 14464

Acct. # _____

REA-104 (7-98)

This information is available in alternati[illegible]nals upon request.

E20323

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

			X			

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

Blind Check Initiated By: _____ Date: _____

Interment space for: William B. Cron

Interment Date: Mon. Aug 13 Time: _____

Div: 7 Sect: 11 Blk/Row: ____ Lot: 273 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Norris Date: 8-10-07

CREMAINS WERE PLACED _____

E20323

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

71

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

1A. NAME OF 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	BENTON	CRON	12/19/1935	08/09/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	CHIE M. CRON, WIFE 7456 WAITE 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
CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY LEMON GROVE, CA 91945-1533	FD941	▶	08/10/2007

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	08/10/2007	▶ 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 8/15/07	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 7-31-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jean Prescott 231034

in a Liner (Type of Burial Container) Funeral, date, time Friday Aug 3 1:00

Church, Chapel, Graveside Anderson - Rogsdale Joseph Mortuary.

All Funeral cars 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 9 Grave 5

Grave space & Care Fund	2264.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.—
Burial Container	270.—
Handling Fees	206.—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.=
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-60183	3358.93
Balance due	-0-

PAID AUG - 2 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.

231033

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

X [signature]
Signature

X Kim M. Russell
Print Name

X 7960 Grubble ST
Address

X San Diego CA 92114
City Zip Code

X 619 434-2623
Telephone

Paulette C.

Invoice # _____

Work Order # E 20324

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20324

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	HERNANDEZ		

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Jean Prescott

Interment Date: Friday Aug 3 2007 Time: 1:00 chapel

Div: 7 Sect: 2 Blk/Row: ____ Lot: 9 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-2-07

CREMAINS WERE PLACED _____

SOCIAL SECURITY ADMINISTRATION
WESTERN PROGRAM SERVICE CENTER
PO BOX 2000
RICHMOND CA 94802-1791

C
M06
1

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

CU8383437-11E20303525

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

1537-465-00
JEAN M PRESCOTT
C/O KIM RUSSELL
3430 C STREET
SAN DIEGO CA 92102-2435

E20324

Form SSA-1099-SM (1-2005)

E20324

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
JEAN	MARIE	PRESCOTT	04/09/1939	07/29/2007	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	KIM RUSSELL, DAUGHTER 7960 GRIBBLE 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	Sherrika Pryor	08/01/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	08/01/2007	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 8-3-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

AT need
Pre-Paid
N.R.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/31/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Hess 228104

in a DD Crypt 2nd. (Type of Burial Container) Funeral, date, time Thurs, Aug 2, 2007 9:30

Church, Chapel, Graveside Direct burial : Mayer Mortuary.

No witness

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 45 Grave 4

Grave space & Care Fund ..... E-19374/18646 ..... 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 _____

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 See attached

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 20325

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E2032

AT need Pre-paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/31/2007

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

in a DD Crypt 2nd. (Type of Burial Container) Funeral, date, time Thurs, Aug 2, 2007 @

Church, Chapel, Graveside Direct burial : 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 Bld/Row _____ Lot 45 Grave 4

Grave space & Care Fund E-19374 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 _____

I hereby certify I am the Deputy Public Guardian of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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: Erin Barnett, DPG 7/31/07

Print Name: Erin Barnett

Address: 520 A Ruffin Rd.

San Diego 92123

Zip Code

Telephone: (858) 495-5112

Invoice # _____

Work Order # E 20325

Acct. # _____

REA-104 (3-94)

This information is available in alternative formats upon request.

SAN DIEGO CNTY PAPG

07/31/2007 TUE 14:07 FAX 858 495 5126

Page 1

E20325

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 7/3/07 @ 1:24

CALL TAKEN BY: Mana

RECEIVED CALL FROM:

- [x] MORTUARY NAME: Mayer - Ed 858 6243987
- [ ] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: Aaron Barnett

TELEPHONE NO: PA -

NAME OF DECEASED: Direct burial

LAST NAME: Hess

FIRST NAME: Charles

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: 9:30

EXPECTED ARRIVAL TIME AT MT. HOME:

CEMETERY PROPERTY: [ ] A/N [ ] P/N [ ] P/N TRUST

DIV: 12 SECT: 2 BLK/ROW: LOT: 45 GRAVE: 4

[ ] SINGLE GRAVE [ ] CREMATION

[x] DBL DEPTH [ ] 1st BURIAL [x] 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE [ ] COMMITTAL [ ] GRAVESIDE

[ ] WITNESS ONLY [ ] DELIVERY ONLY

[ ] P/A DELIVERY [ ] MILITARY DETAIL

SPECIAL INSTRUCTIONS:

E20325

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Barbara Hess

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

			WARREN			
		Johnson	X	Johnson		

Flagged Yes _____ No _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Charles Hess

Interment Date: 8/2/2007 Time: 9:30

Div: 12 Sect: 2 Blk/Row: _____ Lot: 45 Gr: 4

Grave Laid out by: Norman Lerquen

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 7-31-07

CREMAINS WERE PLACED _____

E20325

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
CHARLES	-	HESS	09/16/1922	07/24/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	ERIN BARNETT, DEPUTY P.A. 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	▶ [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		11.00	07/30/2007	▶ 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 ST.,SAN DIEGO,CA 92102	11B. DATE BURIED 8-1-07	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-2-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Monique Lynette Ward 231040

in a Liner (Type of Burial Container) Funeral, date, time Thurs. Aug 9. 10:00

Church, Chapel, Graveside St. Paul : CA Burial Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 15 Grave 4

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	R 601478 178.00 + 1.00 over
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number R-601 84	1,500.00
R60190	179.47
Balance due	179.47
W/C AP041164	0

PAID AUG - 8 2007 MOUNT HOPE CEMETERY

LEGAL DISC CARD TOM 2-29-08

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 Kris A. Ward 231038
Print Name

X 245 Catania St Apt C
Address

San Diego Ca. 92113
City Zip Code

619-501-9941
Telephone

X Kris A. Ward
Signature

Paulette

Work Order # E 20326

Invoice # _____

Acct. # _____

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

Printed on recycled paper

LOW INCOME

E20326

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH NO

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

		AYALA	X	RICHARDSON JR		
				DAVIS		

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Monique L. Ward

Interment Date: Thur 8/9 Time: 10:00 Church

Div: 11 Sect: 2 Blk/Row: _____ Lot: 15 Gr: 4

Grave Laid out by: Norman Perez

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Josh Date: 8-7-07

CREMAINS WERE PLACED _____

E20326

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: Monique Lynette Ward

Address: 245 Catania st. Apt C

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.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

[signature] Husband 8·2·07

Signature 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

David Lago

Approved By Date

Current 2006/1040 A Tax Documents verified on: 8/2/2007

Approved By David

Date 8/2/2007

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

E20326

.OX 129123 - SAN DIEGO, CALIFORNIA 92112-9123

SDGE

A Sempra Energy utility

Serving you today. Planning for tomorrow.

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
SAN DIEGO GAS AND
ELECTRIC COMPANY

6901.1.4.910 1 AV 0.312 oz 0.810

KRISTOPHER WARD
MONIQUE WARD
245 CATANIA ST C
SAN DIEGO CA 92113-1847

E20326

NOTICE OF ACTION

CalWORKs Termination

COUNTY OF SAN DIEGO

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

1-253-389-5000

QR7

Death Cert New Card

County of San Diego
4588 Market St.
San Diego, California 92102-4708

RETURN SERVICE REQUESTED

Connie Gasty

Notice Date	: *07/18/2007*
Case Name	: MONIQUE WATSON
Case Number	: CM56272
Worker Name	: Ricardo Gomez
Worker Number	: SL9R
Telephone	: (619) 266-3792
Worker Hours	: 8:00 AM - 12:00 PM, 12:00 PM - 5:00 PM
Address	: 4588 Market ST San Diego CA 92102-4708

6710 28329/23-11305/LETTER1.521 20 SL9R

KIMBERLY KNIGHT
245 VISTA HORIZON ST, APT C
SAN DIEGO CA 92113-1858

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before *this action takes place.*

As of 07/31/2007, the County is stopping your cash aid and/or Food Stamps.

[illegible]'s why:

As of the 11th of this month, the County has not received *your quarterly report (QR 7) due this month.*

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report no later than the FIRST WORKING DAY OF NEXT MONTH.

The information you give us may change or stop your cash aid and/or Food Stamps.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal Benefits, you will receive another notice. Keep using your plastic Benefits Identification Card(s).

Food Stamps Only:

You must report any new household members and their social security numbers. If you have already reported a new *member but not their social security number, it must be* [illegible]ported now.

If you need help in completing the quarterly report, the *County will help you to do so. Please contact the County* and ask for help.

NA 960 X QR (7/04) CW/RCA/FS Disc - No Quarterly Status Report on File

E20326

H&R BLOCK tax, mortgage and financial services

Rowena Fiore
Tax Associate

1714 N Euclid Ave
San Diego, CA 92105
Tel 619 264 0343 Fax 619 264 3371

District Office Year Round Service
4243 El Cajon Blvd. San Diego, CA 92105-1209
Tel 619 283 2296 Fax 619 281 2352 hrblock.com

Internal Revenue Service
Return (99) 2006

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

OMB No. 1545-0074

Your social security number: 567-89-2966

Spouse's social security number: 246-31-0447

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 page 18) ▶ ☐ 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 & full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 20)

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.
b ☒ **Spouse**

Boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qual child for child tax cr (see pg 21)
KAYSHON A WARD	241-99-8464	SON	X
DESHAYN A WARD	621-11-5175	SON	X

If more than six dependents, see page 21.

No. of children on 6c who:
- lived with you: 2
- did not live with you due to divorce or separation (see page 22):

Dependents on 6c not entered above:

d *Total number of exemptions claimed.* Add numbers on lines above ▶ 4

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 24.

Enclose, but do not attach, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	2,593.
8a	**Taxable** interest. Attach Schedule 1 if required.	8a	
b	**Tax-exempt interest. Do not include on line 8a.** 8b		
9a	Ordinary dividends. Attach Schedule 1 if required.	9a	
b	Qualified dividends (see page 25). 9b		
10	Capital gain distributions (see page 25).	10	
11a	IRA distributions. 11a — 11b Taxable amount (see page 25).	11b	
12a	Pensions and annuities. 12a — 12b Taxable amount (see page 26).	12b	
13	Unemployment compensation, Alaska Permanent Fund dividends, and jury duty pay.	13	
14a	Social security benefits. 14a — 14b Taxable amount (see page 28).	14b	
15	Add lines 7 through 14b (far right column). This is your **total income.** ▶	15	2,593.

Adjusted gross income

16	Penalty on early withdrawal of savings (see page 28).	16	
17	IRA deduction (see page 28).	17	
18	Student loan interest deduction (see page 31).	18	
19	Jury Duty pay you gave your employer (see page 31).	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	2,593.

KBA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 58.** Form **1040A** (2006)

COPY ONLY DO NOT FILE

Form Software Copyright 1996 - 2007 H&R Block Tax Services, Inc.

E20326

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MONIQUE	LYNETTE	WARD	04/12/1980	07/29/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	KRISTOPHER WARD, HUSBAND 245 CATAGNA WAY #C 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	8/4/07

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

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	08/03/2007	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)

BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 8-9-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

A + need

Date 8-3-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Brenda Banks 231045

in a Liner (Type of Burial Container) Funeral, date, time Thurs. Aug. 9 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 $ El Cajon Blvd

will be applied and billed to undersigned

Division 11 Section 2 Blk/Row Lot 2 Grave 5

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	1679.47
Paid receipt number R60186	1679.47
Balance due	0

PA

AUG - 6 2007

MOUNT HOPE CE

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.

23104.4

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

X Sekea D
Signature

X Sekea Davis
Print Name

X 1227 W Carey Ave
Address

X Las Vegas 89036
City Zip Code

X 619-392-1178
Telephone

Paulette

Invoice #

Work Order # E 20327

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Low Income

E20327

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: Brenda Kaye Banks

Address: 5206 La Paz Drive

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
X	(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.

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.

Sekea Davis — Signature
Daughter — Relationship
8-3-07 — 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 [illegible] — Approved by
8/6/07 — Date

Current SSA/Sect 8/SDG&E Documents verified on: 8/6/07

Approved By MFD

Date 8/6/07

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

E20327

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: March 15, 2007
Claim Number: 571-13-4691HA

000035177 01 MB 0.326 T133 T2R M04,0306,PC7,N,BA,
BRENDA K BANKS
5206 LA PAZ DR
SAN DIEGO CA 92114-5210

As you requested, beginning March 2007 any Social Security payments will be sent to the financial institution you selected. In order for us to send letters to you, please let us know if your mailing address changes.

What We Will Pay And When

- You will receive $223.00 for March 2007 around April 3, 2007.
- After that you will receive $223.00 on or about the third of each month.

If You Change Your Account

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

If You Have Any Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to *find general information about Social Security. If you have any specific* questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-619-464-8533. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
7961 UNIVERSITY AVE
LA MESA, CA 91941

C

See Next Page

E20327

SDGE A Sempra Energy utility

Account Number 1839 725 746 8
Cycle 09
BRENDA BANKS
5206 LA PAZ DR SD
Mailed: Jul. 13, 2007

Questions? ¿Preguntas?
Please Call: 1-800-411-SDGE(7343)
Por Favor Llame: 1-800-311-SDGE(7343)
Web Address: www.sdge.com
email: info@sdge.com

GOING ON VACATION? SAVE ENERGY AND SECURE YOUR HOME. VISIT WWW.SDGE.COM/FORMS FOR A FREE BROCHURE ON "VACATION ENERGY BILLS"

ACCOUNT SUMMARY

Previous Account Balance	197.08
Payments Received	-197.08
Current Charges	188.51
TOTAL AMOUNT DUE	**$188.51**

Please Pay $188.51 by Aug. 01, 2007

BILL PERIOD

Service	Meter	Begin	End	Total Consumption
S	#00301224	06-12-2007	07-12-2007	44 Therms
ELECTRIC	#00820119	06-12-2007	07-12-2007	689 kWh

Next Meter Read Date: 08-13-2007
Circuit: 0080 Currently not subject to curtailment. Curtailment status subject to change without notice.

ENERGY USAGE HISTORY

	This Month	Last Month	Percent Change	This Month Last Year	Percent Change
Therms/day	1.5	1.6	- 6.3%	1.0	+ 50.0%
kWh/day	23.0	21.7	+ 6.0%	22.4	+ 2.7%
Billing Days	30	32		30	

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

Service Address: 5206 LA PAZ DR SD 0 69

Account Number	Cycle	Date Mailed	Due Date	Please Pay This Amount
1839 725 746 8	09	Jul 13 2007	Aug 01 2007	$188.51

Bill Becomes Past Due
After Above Date

Make Payment To

6903.1.25.6011 1 AV 0.312 oz 0.990
BRENDA BANKS
5206 LA PAZ DR
SAN DIEGO CA 92114-5210

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

2 2 300005A5752L05A00000188510000018851

E20327

County of San Diego

CATHERINE TROUT
LICHTERMAN
Director

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
3989 RUFFIN ROAD, SAN DIEGO, CALIFORNIA 92123-1815

TEL: (858) 694-4801
FAX: (858) 694-4871
Toll-free: 1-877-478-5478

NOTICE OF CHANGE IN HOUSING ASSISTANCE PAYMENT - TENANT

November 20, 2006

COPY

BRENDA K BANKS
5206 LA PAZ DR
SAN DIEGO CA 92114-5210

Due to an annual or interim recertification of participant's eligibility, the Rental Assistance Contract is amended as follows:

"RENT"

Amount of Housing Assistance Payment ..... $ 845.00

Amount of Tenant Rent ..... $ 235.00

Amount of Contract Rent ..... $ 1,080.00

THIS CHANGE BECOMES EFFECTIVE: 02/01/2007

FAMILY MEMBERS ON LEASE: *List all family members including head of household*

BRENDA BANKS

ALL OTHER COVENANTS, TERMS AND CONDITIONS OF THE LEASE AGREEMENT AND HOUSING ASSISTANCE PAYMENTS CONTRACT REMAIN THE SAME.

Please keep this notice with your important papers.

In accordance with CFR 982.555, if tenant's portion of rent increases as a result of this amendment and tenant feels such increase is unjustified or improper, tenant may request an informal HEARING. Such request must be submitted in writing and received in the office of the Housing Authority of the County of San Diego within fourteen (14) calendar days from date of this notice.

Housing Representative: Kesone Luangvannasy Phone Number: (858) 694-4835
Email Address: Kesone.Luangvannasy@SDCounty.ca.gov FAX Number: (858) 514-6544

Do you require a specific accommodation to fully utilize the Agency's services? Yes [ ] No [ ]

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: March 18, 2006
Claim Number: 571-13-4691 DI

B80 SC06,M02,153,036513 000036513 01 AV 0.278

BRENDA KAYE BANKS
9034 KENWOOD DRIVE
UNIT 11
SPRING VALLEY CA 91977-2212

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	$640.00 This includes $233.00 from the State of California.

Why Your Payments Changed

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

Information About Your Payments

Your regular monthly check of $640.00 will be sent to your bank or other financial institution about the first day of April 2006.

See Next Page

E20327

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	COLLINS		
			BESSEL LIEU			

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Brenda Marks

Interment Date: Thurs. Aug Time: 100

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: Josh Date: 8-7-07

CREMAINS WERE PLACED _____

E20327

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

50

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BRENDA	KAY	BANKS	06/30/1957	08/01/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BRANDON DUNCAN, SON 5206 LA PAZ DRIVE SAN DIEGO, CA 92114

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

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		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	08/02/2007	▶ 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
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 8-9-07	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.)

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 8-6-07

231059

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BROWN, LEE ~~ANDERSON~~ ANDREW

in a Double Crypt A (Type of Burial Container) Funeral, date, time 8-14 TUE 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 12 Section 1 Blk/Row _____ Lot 121 Grave 12

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	$ 4074.77
Paid receipt number R 60193	$ 4047.77
Balance due	27.00
R-60214	27.00

AUG 22 2007

MOUNT HOPE CEMETERY

I hereby certify I am the 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.

231058

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

Ruby Brown
Signature

RUBY BROWN
Print Name

1397 Wycanda Way
Address

San Diego CA 92113
City Zip Code

619-264-8273
Telephone

Invoice # _____

Work Order # E 20328

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20328

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	DECATUR		
			Hopkins			

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Lee Anderson Brown

Interment Date: 8-14-07 Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 121 Gr: 12

Grave Laid out by: Norman Perguer

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20328

Wifes ID
verifying
address

E20328

69

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LEE	ANDREW	BROWN	08/16/1937	08/05/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RUBY BROWN, SPOUSE 1397 WYCONDA WAY SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	08/09/2007

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	08/09/2007	▶ 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
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-14-07	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.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/7/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Melvin James 231043

in a Liner (Type of Burial Container) Funeral, date, time Friday, Aug 10 @ 11:00

Church, Chapel, Graveside _____ ; Wms 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 228 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 P-00926	3,358.93
Balance due	Ø

PAID
AUG - 8 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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Invoice # _____

Work Order # E 20329

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20329

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/7/2007

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

in a Liner (Type of Burial Container) Funeral, date, time Friday, Aug 10 @ 11:00

Church, Chapel, Graveside _____ : Wms 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 228 Grave 8

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
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Burial Container	270.00
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Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number	
Balance due	

PAID
AUG - 8 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.

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

Melvin L James
Signature

Melvin L James Jr.
Print Name
4144 38th st
Address
San Diego CA 92104
City Zip Code
254-8112
Telephone

Invoice # _____

Work Order # E 20329

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pin 231042

E20329

WELLS FARGO

Account Statement

April 1 through June 30, 2007
Account Number: [redacted]

253,639 (CO114)

MELVIN JAMES
5625 IMPERIAL AVE APT 410
SAN DIEGO CA 92114-3952

Thank you for banking with Wells Fargo. For assistance, call: 1-800-TO-WELLS (1-800-869-3557), TDD number (for the hearing impaired only): 1-800-877-4833. Or write: WELLS FARGO BANK, N.A., P.O. BOX 6995, PORTLAND, OR 97228-6995.

E20329

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			
	RIVAS					

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Melvin James

Interment Date: 8/10/07 Time: 11:00 am

Div: 12 Sect: 2 Blk/Row: _____ Lot: 228 Gr: 8

Grave Laid out by: Norman Lequen

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20329

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
MELVIN	-	JAMES	10/23/1939	08/03/2007	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	MELVIN JAMES, SON P.O. BOX 740389 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	▶ [signature]	08/08/2007

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		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	08/08/2007	▶ 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)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 8-10-07	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.)

Pre-need ~~cost~~ to At need on grave of father: Willis L. Hyatt

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 08-9-07

231078

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Dulcie Dirocco AKA Esther

in a Liner (Type of Burial Container) Funeral, date, time Aug. ~~31~~ 11:00 29th Actual Burial

Church, Chapel, Graveside on 8/31/07 : Family Mortuary

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

will be applied and billed to undersigned. _____

Division 7 Section 17 Blk/Row _____ Lot 55 Grave 3

Grave space & Care Fund C-5347	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases (Marker setting fee)	Record fee 65.-
Recording/Filing/Transfer Fees	Set fee 178.00
Sales taxes	612
Total Due	562.12
Paid receipt number A1 069505	562.12
Balance due	Ø

PAID
AUG - 9 2007
MOUNT HOPE CEMETERY

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

231037

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

x [signature]
Signature

x Kristin Westerman
Print Name

x 1907 Granada Ave
Address

x San Diego 92102
City Zip Code

x 619 2341499
Telephone

Invoice # _____

Work Order # E 20330

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20330

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Father Willis Hyatt (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

		ZELAND	X	DUKE	WALKER	

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Dulcie Dirocco

Interment Date: _____ Time: _____

Div: 7 Sect: 17 Blk/Row: ____ Lot: 55 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED MIDDLE

E20330

Geldig alleen ten opsigte van applikaties gemaak tydens registrasie.
Valid only in respect of applications made at time of registration.

GEBOORTESERTIFIKAAT — BIRTH CERTIFICATE. № 58971

(Sertifikaat uitgereik ooreenkomstig Artikel [illegible] van Wet No. 17 van 1923.)
(Certificate issued in terms of Section [illegible] of Act No. 17 of 1923.)

Geboorte Geregistreer in die Distrik JOHANNESBURG in die Provinsie Transvaal
Birth Registered in the District of in the Province of

KIND. CHILD.	OUERS. PARENTS. 6. Waar Gehuud Place of Marriage Johannesburg. Vader. Father.	Moeder. Mother.	BERIGGEVER. INFORMANT.	DISTRIKSREGISTRATEUR, [illegible] DISTRICT REGISTRAR, [illegible] DISTRICT REGISTRAR, [illegible] PEACE, OR POLICE OFFICER.	
1. Datum van Geboorte. Date of Birth. 2. Plek waar Gebore. Place where Born. 3. Gewone Woonplek van Ouers of Voog. Usual Place of Residence of Parents or Guardian. 4. Voorname. Christian Names. 5. Geslag. Sex.	7. Voorname en Familienaam. Christian Names and Surname. 8. Geboorteplek. Birthplace. 9. Ouderdom. Age. 10. Ras. Race. 11. Beroep. Occupation. 12. Nywerheid. Industry.	13. Voorname en Geboortenaam. Christian Names and Maiden Surname. 14. Geboorteplek. Birthplace. 15. Ouderdom. Age. 16. Ras. Race. 17. Beroep. Occupation. 18. Nywerheid. Industry.	19. [illegible] 20. [illegible] 21. Woonplek. Residence. 22. Gevolg. Witness. 23. Datum. Date.	[illegible]	[illegible] Datum. Date.
1933. Twenty Third January 24 Pretoria Street, Hillbrow Johannesburg. 24 Pretoria Street, Hillbrow. Julie Esther La Verne. Female.	Willis Leroy Hyatt. U. S. America 42. European. Minister of Religion.	Caroline Elizabeth Guert. Cape Province. 24. European.	W. Leroy Hyatt Father. 24 Pretoria Street Hillbrow. H. Kuhn. 25.1.33	25 January 1933. JOHANNESBURG H. B. Parsons. 25/1/33	

Ek H. B. Parsons sertifiseer hierby dat die bestaande een getrou afskrif is van een inskrywing in die Geboorte
I do hereby certify that the above is a true copy of an entry in the Birth

register gehou te JOHANNESBURG Uittreksel gemaak hierdie 26 dag van January 1933
Register kept at Extracted this day of

[signature] Registrar of Distrikt [illegible]

[illegible]

1936—2/9/29—8,000-10. S.

E20330

E20330
6940
74

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DULCIE	ESTHER LAVERNE	DIROCCO	01/23/1933	08/16/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	SANDRA MORWOOD, DAUGHTER 718 NOLAN AVE. CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BAYVIEW CREMATION & BURIAL, 7510 CLAIREMONT MESA BLVD STE 109 SAN DIEGO, CA 92111	FD1661	▶	08/22/2007

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	08/23/2007	▶ 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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT.HOPE CEMETERY,3751 MARKET ST.,SAN DIEGO, CA 92102	11B. DATE BURIED 8-29-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY COUNTY CREM. 192 COMMERCE DR., PERRIS, CA 92571	12B. DATE CREMATED 08-27-07	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

At Need
< 12 chairs >

Date 08-09-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pamela B. Perkins @ 231064

in a Ash Vault (Type of Burial Container) Funeral, date, time Thurs Aug 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 11 Section 2 Blk/Row ~ Lot 47 Grave 33

Grave space & Care Fund	426.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fee	65.-
Sales taxes	6.12
Total Due	$ 810.12
Paid receipt number AP03456B	810.12
Balance due	Ø

PAID
AUG - 9 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.

231060

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

Signature

Keith D. Perkins
Print Name

14213 Caminata Soleado
Address

San Diego 92129
City Zip Code

(619) 379-4326
Telephone (619) 733-1152

Invoice # _____

Work Order # E 20331

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20331

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

BURIAL CONTAINER ash vault

				CHARLES		
			X	STAUSBURY		

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Pamela B. Perkins Ø

Interment Date 8-16-07 Time: 11:00 A.S.

Div: 11 Sect: 2 Blk/Row: _____ Lot: 47 Gr: 33

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20331

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PAMELA	BEVERLY	PERKINS	09/18/1950	08/05/2007 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
ESCONDIDO	SAN DIEGO	KEITH PERKINS, SON 14213 CAMINATA SOLEADO 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
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746		08/10/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	08/10/2007	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 8-16-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY COUNTY CREMATORY, 192 COMMERCEDRIVE, PERRIS, CA 92571	12B. DATE CREMATED 8/17/07	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 2 IS RETAINED BY 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
15 Chairs

Date 8-14-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nathan Spicer 231062

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

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 234 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	3358.93
Paid receipt number R-60198	3,358.93
Balance due	0

PAID
AUG 14 2007
MOUNT HOPE CEMETERY

DP 4201149
refund $ 1,679.46
9-27-07

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.

231061

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

Robbin N. Duplessis
Signature

Robbin N. Duplessis
Print Name

3004 Willow Brook Court
Address

Pearland, TX, 77584
City Zip Code

619-251-4938
Telephone

Paulette

Invoice # _____

Work Order # E 20332

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

LOW INCOME

E20332

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

BULGHIRE			X			

Flagged Yes _____ No _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Nathan Spicer

Interment Date: Thurs Aug 16 Time: 11:00 am

Div: 12 Sect: 2 Blk/Row: ____ Lot: 234 Gr: 4

Grave Laid out by: Vernon Lequer

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20332

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

DIVISION OF ADULT PAROLE OPERATIONS
ELCAJON UNIT IV
1400 N. Johnson Ave. Ste. 114
El Cajon, CA 92020

August 13, 2007

To Whom It May Concern:

Nathan Spicer, DOB: 04-17-68, was on active parole supervision at the time of his death. His last address was:

3036 Chamoune Ave.
San Diego, CA 92105

If you have any questions, please call me at 619-441-2310 X259.

Sincerely,

Jo Anne Nelson,
Parole Agent I

Kevin Freeman
Program Manager

Heart & Soul
Transitional Living

3036 Chamoune Avenue
San Diego, CA 92105
(619) 436-6747 Cell
(619) 546-4175 Residence
www.soberhousing.net
1-800-799-2084

Heart & Soul
Transitional Living

To: Whom it may concern

August 13, 2007

Re: Nathan Spicer

Mr. Spicer was recently a resident of Heart & Soul Transitional Living located at 3036 Chamoune Avenue, San Diego, California, 92105.

Heart & Soul Transitional Living is a semi-structured SLE which requires its residents to attend three (3) outside meetings (A.A. or N.A.) a week, random drug and alcohol testing, curfew enforcement, chores and a weekly house meeting. Nathan was in total compliance with our guidelines, and has been a model resident.

Should you require any additional information regarding this individual please feel free to phone the number below.

Thank you.

Sincerely,

Kevin Freeman – Program Manager

Kevin Freeman –Program Manager
3036 Chamoune Avenue
San Diego, CA 92105
(619) 436-6747 – (619) 546-4175
.heartandsoulhouse@yahoo.com
heartandsoulhouse@cox.net
www.soberhousing.net
1-800-799-2084

E20332

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: June 12, 2007
Claim Number: 573-33-1392 DI

00015077 02 AT 0.459 B80 0605,M02,067 015077

NATHAN GERARD SPICER
POST OFFICE BOX 771
LEMON GROVE CA 91946-0771

Type of Payment:
Individual--Disabled

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

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

Your Payments Will Be Changed As Follows:

From	Through	Amount Due Each Month
June 1, 2007	Continuing	$856.00 This includes $233.00 from the State of California.

Why Your Payments Changed

We cannot pay you SSI payments for May 2007 because the law prohibits us from paying Supplemental Security Income to individuals who have an outstanding arrest warrant for a felony crime (or, in jurisdictions that do not define crimes as felonies, a crime that is punishable by death or imprisonment for a term exceeding 1 year), or who have violated a condition of probation or parole under Federal or State law. We have information that you fit into one of these categories.

See Next Page

How Your Payments Can Continue

We may pay you if you can show us at any time that any of the following applies:

- The warrant was issued incorrectly in your name because someone stole your identity.

  To prove this, submit a copy of the police report you filed as a victim of identity theft or another official document from the court or the warrant issuing agency stating that the warrant was erroneously issued in your name.

- You were found not guilty of the criminal offense.

  To prove this, submit a copy of the court docket indicating that you were found not guilty of the criminal charges or a copy of the court decision showing that you were found not guilty of the criminal charges.

- The underlying charges relating to the criminal offense were dismissed.

  To prove this, submit a copy of the court docket indicating charges were dismissed or another official court or law enforcement agency document stating that it dismissed the criminal charges.

- The warrant for your arrest for the criminal offense was withdrawn.

  To prove this, submit a copy of the court docket or another official warrant issuing agency document indicating the warrant in question was withdrawn.

- You were otherwise cleared of the criminal offense.

  To prove this, submit a copy of the court docket or other court document indicating you were cleared of the criminal charges.

If none of the above applies, we may also pay you if you contact us within 12 months from the date of this letter, you meet all of the SSI eligibility requirements, and can show us that:

- The crime the warrant is based on or the probation or parole violation was both nonviolent and not drug related and, if a probation or parole violation, the original crime(s) for which you were paroled or put on probation was both nonviolent and not drug related.

  To prove this, submit an official copy of the arrest warrant. If a probation or parole violator, also submit an official court document that explains the criminal charges on which you were originally convicted. Such documents include, but are not limited to a docket, a conviction notice, or a plea agreement.

E20332

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

39

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NATHAN	GERRALD	SPICER	04/17/1968	08/09/2007	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	JOYCE SPICER, MOTHER 6655 MACARTHUR DR. 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
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶ [signature]	08/16/07

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.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	08/15/2007	▶ 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 8-16-07	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

E20332

FY 08 09/27/07 ~~14:25~~:00

THE CITY OF SAN DIEGO
REQUEST FOR DIRECT PAYMENT

DP NO. 4201149

VENDOR NUMBER & ALPHA: 0004254942 JAS

VENDOR NAME: JOYCE A. SPICER

VENDOR ADDRESS:
6655 MACARTHUR DRIVE

LEMON GROVE CA 91945

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.

DEPT. HEAD OR DESIGNEE

FUND OVERRIDE ☐

PAYMENT DATE
10/10/07

DESCRIPTION OF EXPENSE/SPECIFIC CITY BENEFIT & PURPOSE:

REFUND TO FAMILY PER PARK & RECREATION DIRECTOR MRS. LO MEDICO. THE FAMILY QUALIFIES FOR THE LOW INCOME PROGRAM PER PROGRAMS REQUIREMENTS.

COMMENTS AND/OR SPECIAL INSTRUCTIONS:

FINAL-RLSD NEW-VEN

RELEASED: 09/27/07 14:24

FINAL-RLSD NEW-VEN

PAYEE REMITTANCE INFORMATION

SEQ	INVOICE NUMBER OR DESCRIPTION	INVOICE DATE	PAYMENT CATEGORY	LATE CODE	AMOUNT	TAX CODE
A	REFUND	08 14 07	4		1,679.46	N
				TOTAL AMOUNT $	1,679.46	

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
001	0	100	072		77181	000072				266.50		
002	0	100	072		77182	000072				135.00		
003	0	100	072		77185	000072				103.00		
004	0	100	072		77183	000072				32.50		
005	0	60101			78390					10.46		
006	0	67007			77184					226.40		
007	0	100	072		77184	000072				905.60		
									TOTAL AMOUNT $	1,679.46		

E20332

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 $ 1,679.46 Date paid [illegible] on E-20332 (Name of Receipt or Permit No.)

No. _____ for the following reason(s):

[illegible]

Refund Requested by:

Print Name: Joyce A. Spicer Address: 6655 Monarch Drive

Signature: [illegible] La Jolla, CA 92037

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: [illegible] Title [illegible] Date [illegible]

Signature: [illegible] Dept. Name [illegible] Phone _____ M.S. [illegible]

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

FORM AC-1006 (Revised 4/91) 593684

—Low Income.—

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/4/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Frances Dixon 231075

in a liner (Type of Burial Container) Funeral, date, time Aug 27 11:00 Monday

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 12 Grave 5

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47 ~~32.50~~
Total Due	1679.47
Paid receipt number R-60220	1679.47
Balance due	0

PAID AUG 23 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.

231074

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

Signature Larry Dixon

Larry Dixon
Print Name

1152 Bollenbacher
Address

S.D 92114
City Zip Code

619 200 0667
Telephone

Invoice # _____

Work Order # E 20333

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

LOW-INCOME

E20333

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		HENRY	

Flagged Yes _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Mary Frances Dixon

Interment Date: 8-27-07 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 12 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 _____

E20333

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 8/14/07

CALL TAKEN BY: D. Lugo

RECEIVED CALL FROM:

- [x] MORTUARY NAME: CA Burial
- [x] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: Larry Dixon

TELEPHONE NO: (6) 200-0667

NAME OF DECEASED:

LAST NAME: Dixon

FIRST NAME: Mary

DOD: 8/12/07 DOB: 4/6/51

Mary 27 11:00 Church

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: [x] A/N [ ] P/N [ ] P/N TRUST

DIV: *SECT:* *BLK/ROW:* *LOT:* *GRAVE:*

- [x] 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: Low Income

E20333

E20333

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY
LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

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

Name of Deceased: Mary F. Dixon

Address: 3645 Park Blvd #303

City: San Dieg State CA Zip Code 92103

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.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Signature: [illegible] Relationship: Daughter Date: 8/14/07

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: [illegible] Date: 8/14/07

Current SSI Documents verified on: 8/14/07

Approved By [illegible]

Date 8/14/07

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

11/26/2006

HOW WE FIGURED YOUR PAYMENT FOR January 2007 THROUGH February 2007

Your Payment Amount

The most Federal SSI money the law allows us to pay	$623.00
We didn't subtract (-) any income from Federal SSI money	- 0.00
Federal SSI money	$623.00
Plus (+) the most State SSI money the law allows us to pay	+233.00
We didn't subtract (-) any income from State SSI money	- 0.00
Total Monthly SSI Payment for January 2007 through February 2007	$856.00

E20333

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 56

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARY	FRANCES	DIXON	04/06/1951	08/13/2007	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	LARRY DIXON, SON 1152 BOLLENBACHER 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	8/15/07

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition herein is on of the dispositions 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	08/15/2007	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 3151 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 8-27-07	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 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 8/14/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosary McBride 2/27/99 Friday

in a linet (Type of Burial Container) Funeral, date, time G/S 8/17/07 11:00

Church, Chapel, Graveside ; Conrad Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 109 Grave 1

Grave space & Care Fund	<1970>	—
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	PAID	533.
Burial Container		270.00
Handling Fees	AUG 14 2007	206.00
Flower vases – Marker setting fee		~~[illegible]~~ upl
Recording/Filing/Transfer Fees	MOUNT HOPE CEMETERY	65.00
Sales taxes		20.93
	R-60199 Total Due	1094.93
	Paid receipt number chk # 4476	
	Balance due	0

I hereby certify I am the x Rebecca McBride of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 21300h

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

x Rebecca McBride
Signature

x Rebecca McBride
Print Name

12345 Lakeshore Dr
Address

x Lakeside Ca 92040
City Zip Code

x 619/390-6767
Telephone

Invoice # _____

Work Order # E 20334

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20334

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

			MANGELS			
		MCBRIDE	X			
			KEMP			

Flagged Yes _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: Rosary McBride

Interment Date: 8-17-07 Time: 11:00

Div: 8 Sect: 1 Blk/Row: _____ Lot: 1092 Gr: _____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-14-07

CREMAINS WERE PLACED _____

E20334

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

4497

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Rosary McBride for the sum of $ 200.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1091 Section 1 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER C-7433

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:

2x1 Flush Marker Only

R. W. Dekne
Cemetery Manager

Eric Quantz
Public Works Director

FORM PW-584

E20334

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

95

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROSARY	ETHEL	MCBRIDE	08/03/1912	08/11/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROSALEE J. SANCHEZ, DAUGHTER 3060 53RD STREET APT. 72 SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY LEMON GROVE, CA 91945-1533	FD941	Kim Beaulieu	08/15/2007

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

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	08/15/2007	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 LOCATION IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	—

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-17-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Pepper	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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

At need

Date 8-15-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clara J. Patterson 231056

in a Liner (Type of Burial Container) Funeral, date, time Tues Aug. 21 2007 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 9 Grave 4

Grave space & Care Fund	1,132.-
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-60207	1,679.47
Balance due	∅

PAID
AUG 20 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.

231055

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

Signature: Pamela McKinze

Pamela McKinze
Print Name

7241 Rosemary Ln
Address

Lemon Grove CA 91945
City Zip Code

(619) 697-0257
Telephone

Paulette

Invoice # _____

Work Order # E 20335

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

LOW INCOME

E20335

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			
		Stenchan			Mayfield	

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Clara J. Patterson

Interment Date: 8-21-2007 Time: 11:00 Chapel

Div: 11 Sect: 2 Blk/Row: ~ Lot: 9 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 8-20-07

CREMAINS WERE PLACED _____

E20335

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: Clara J. Patterson

Address: 1207 S. 47th St. Apt. 103

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) $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.

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.

Pamela M. McKinzie Daughter 8-15-07

Signature Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Approved by 8/15/07

Date

Current SSI

Documents verified on: 8/15/07

Approved By

Date 8/15/07

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

E20335

CALIFORNIA
DRIVER LICENSE
J0338715
CLASS:C
CLARA JEAN PATTERSON
1287 SOUTH 47TH ST APT. 109
SAN DIEGO CA 92113
SEX:F HAIR:GRY EYES:BRN
HT:5-02 WT:096 DOB:09-22-34
09/22/2004 013 AB FD/09

11/26/2006

HOW WE FIGURED YOUR PAYMENT FOR January 2007 ON

Your Payment Amount

The most Federal SSI money the law allows us to pay	$623.00
Minus (-) "Total income we count" (see below)	-699.25
Federal SSI money (no Federal payment due because of too much income)	$ 0.00
The most State SSI money the law allows us to pay	$233.00
Minus (-) remainder of income from State SSI money ($699.25 minus (-) $623.00 = $76.25)	- 76.25
Total Monthly SSI Payment for January 2007 on	$156.75

Your Income Other Than Your SSI

Income you receive in November 2006 on affects your payment for January 2007 on

January 2007 amount of Social Security benefits	$717.00
Income from interest, dividends, rents, or royalties	+ 2.25
Subtotal of above income	$719.25
By law we don't count $20.00 of above income	- 20.00
Total income we count	$699.25

E20335

SOCIAL SECURITY
1333 FRONT STREET
SAN DIEGO CA 92101

Social Security Administration
Supplemental Security Income
Notice of Planned Action

Date: November 26, 2006
Claim Number: 551-44-9516 AI

954 B001,M1E,042,008427 000008427 01 AT 0.308

CLARA J PATTERSON
1207 S 47TH ST APT 103
SAN DIEGO CA 92113-3552

We are writing to tell you about changes in your Supplemental Security Income payments. The rest of this letter will tell you more about this change.

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

Information About Your Payments

- The amount due you beginning January 2007 will be $156.75. This amount includes $156.75 from the State of California.
- Even though the law provides for an increase in Supplemental Security Income payments beginning January 2007 your payment will be lowered. This is because there will be an increase in the amount of Social Security benefits in January 2007 which we must count in figuring your Supplemental Security Income payment.

Your Payment Is Based On These Facts

Our records show your total monthly income which was used to figure your Supplemental Security Income payment for January 2007 is $717.00. This is based on the following income:

Your increased Social Security benefits–before any deductions for Medicare premiums– of $717.00. You should receive the increased Social Security benefit about January 3, 2007. We must count the increase in your benefits for January 2007 even though we are counting your other income for November 2006.

See Next Page

11/26/2006

34821

Appeal In 10 Days To Keep Getting The Same Check

If you appeal within 10 days, you will continue to get the same check amount until we decide your case.

- The 10 days start the day after you get this letter.
- If you lose your appeal, you might have to pay back some or all of this money.

However, even if you appeal in 10 days, we may reduce the check in January 2007 as shown on page 1 if both of the following are true:

- Our new decision is the same as the one appealed,

  And

- We send or give you a letter with our new decision in time to reduce the check.

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.

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.

E20335

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CLARA	JEAN	PATTERSON	09/22/1934	08/13/2007	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	PAMELA MCKINZIE, DAUGHTER 7241 ROSEMARY LANE 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 filing permit)	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶ [signature]	08/21/07

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	08/17/2007	▶ 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 8-21-07	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 Deed ownership

Date 8-15-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of to Gary G. Gould 231070

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 5 Section 2 Blk/Row _____ Lot 14 Grave 2,3,4 & 5

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	380.—
Sales taxes	
Total Due	380.—
Paid receipt number R-60207	380.—
Balance due	Ø

9/12/08 A credit of $55 is owed to mr. Gould overpayment at deed Transfer = $325 MFD $65

PAID AUG 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.

X _____ Signature

X Gary G. Gould 231070 Print Name

510 San Fernando Address

San Diego CA 92106 City Zip Code

619 222 2331 Telephone

Work Order # E 20336

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20336

OFFICIAL RECEIPT

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

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

60266

Date: August 15, 20 07

From: Janet G. Klauber Address: 207 W. WALNUT AVE., SD CA 92103

three hundred, Eighty and 00/00 Dollars ($ 380.—)

in Full Payment of Transfer Deed to Gary G. Gould

Div 5 Sec 2 Blk/Row Lot 14 Grave 2,3,4 & 5

Invoice No. E-20336

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☑ Check 170.0

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

PAID

AUG 15 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	380 —
Sales Tax	60101	
	78390	
TOTAL PAID	$	380 —

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

E20336

Mt Hope Cemetery
Contract Entry Verification
09/10/2008

Contract Number: E-20336-Q

Contract Date: 08/15/2007
Purchaser: Gould, Gary G
510 San Fernando
San Diego ,CA 92106

Purchaser Number: 231070
Phone: 619-222-2331

Counselors: DAVID LUGO
PAULETTE CRAWFORD

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
5	Misc -Resid AN	Quitclaim Resident A/N	325.00	0.00		

BASE PRICE	325.00	**NUMBER OF INSTALLMENTS**	1
SALES TAX	0.00	**REGULAR PAYMENT OF**	0.00
TOTAL CASH PRICE	325.00	**ODD PAYMENT OF**	0.00
DOWNPAYMENT	325.00-	**DATE FIRST PAYMENT DUE**	09/15/2007
REFERENCE #	R-60202	**PAYMENT PLAN:**	MONTHLY
TRANSFER ALLOWANCE	0.00-		
DISCOUNT OR ALLOWANCE	0.00-	**SOURCE:**	Quit-Claim/Transfer
		PRE-EXISTING CONTRACT	
		BALANCE DUE = $ 0.00	
		PAY PERIODS REMAINING = 0	
FINANCE CHARGE	0.00@	0.000% AMORTIZE	
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	325.00		

	ACCOUNT CONTRIBUTIONS	**AMOUNT FRACTION**	**BALANCE DUE**
R S	**Equity**	325.00	0.00
A	**Interest**	0.00	0.00
R S	**Tax Recovery**	0.00	0.00
R V	**Late Charge**	0.00	0.00

CONTRACT ENTERED BY: _____

E20336

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

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 5 Section 2 Lot 14 Grave 1,2,3,4 & 5

2. My legal authority to the above property is based on the following facts: MY GREAT GREAT GRANDFATHER IS HIRAM GOULD - GREAT GRANDFATHER IS ELWYN BREMER GOULD

3. I have presented the following evidence to support the above facts.

LIST OF FAMILY ANCESTORS

DL

Rev. 08/05

E20336

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 Aug 15, 2007 (Date) in SAN DIEGO (City)

Signature _____ Print Full Name GARY G. GOULD

To have deed sent to you, fill in your mailing address here:

Full Name GARY G. GOULD

Address 510 SAN FERNANDO

City, State & Zip Code SAN DIEGO CA 92106

619 222-2331

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

E20336

FOR OFFICE USE ONLY

Witnessed:

Signed on Aug 15, 2007 (Date) in San Diego Mt Hope Office (City)

Signature [signature] Print Full Name M. David Lugo

Documents Presented:

Family lineage of Gould's. Sworn Statement

Processed by: David Lugo

Approved by Cemetery Manager: [signature]

Transfer allowed: Yes ✓ No

If no, reason:

Transfer fee paid ($65.00) ~~x 5 = $325.00~~ ✗ **New Deed Issuance Paid ($65.00)** ✓

325
+65
390

DL

Rev. 08/05

Goulds of San Diego through twelve generations:

Jarvis Gould – b. 1605/06 in County Kent, England d. 1656 - m. Mary

John Gould - b. 1646 in Massachusetts, d. 1711 – m. Mary Crossman 1673

Benjamin Gould – b. 1693 in Massachusetts, d. 1781 m. Rebecca Furbush 1716

Samuel Gould - b. 1728 in Maine, d. 1806 – m. Mary Gouch 1752

Benjamin Gould – b. 1769 Maine d. 18__? m. Olive Walker 1795

Samuel Gould - b. 1794 in Maine d. 1876 – m. Mary Weathern 1817

Hiram Gould – b. 1819 in Maine d. 1897 – m. Elizabeth Libby 1850

Elwyn Bremer Gould b. 1854 in New York - d. 1933 in San Diego - m. Jennie Geselbracht 1883

- *Grace b. 1884 in Chicago, d. 1990 in San Diego – m. Laurence M. Klauber 1911*
- Elwyn Blaine b. 1886 in Chicago. d. 1970 in San Diego
  - – m. Marian Gartzmann 1911 div. 1935; m. Theodosia Ingham 1936
- Leslie b. 1889 in Chicago, d. 1963 in San Diego. m. Mary Griffith 1921 div. 1930
- Alice b. 1892 in Chicago died in infancy

Elwyn Blaine Gould. b. 1886 – m. Marian Gartzmann 1911; m. Theodosia Ingham 1936

- Elwyn Gartzmann b. 1912 in San Diego, d. 1988 m. Mary Quinlan 1936
- Gordon Reeve b. 1920 in San Diego – m. Nancy Lawson 1950
- Blaine St. George b. 1942 in San Diego – d. 1963

Elwyn Gartzmann Gould b. 1912 in San Diego d. 1988 m. Mary Quinlan 1936.

- Mary Ann b. 1938 in San Diego m. Carl "Skip" Workman 1965 div. 1990
- *Gary Gartzmann b. 1941 in San Diego m. Mary Gayle Edler 1965*
- Ellen Quinlan b. 1946 in San Diego m. Milton H. Woodside 1973

Gary Gartzmann Gould b. 1941 in San Diego m. Mary Gayle Edler 1965

- Leslie Gayle b. 1966 in San Diego – partner Stacey Lindberg
  - Jamie Lindberg Gould b. 2005 in Santa Ana died in infancy
  - Amelia Gould-Lindberg b. 2005 in Los Angeles
- Gary Gartzmann II b. 1968 m. Karrie Lark Pelling 1998
  - Maya, b. 2001 in Missoula, Montana
  - Eli Gartzmann b. 2003 in Bozeman, Montana
- *Lara Blaine b. 1972 m. Douglas White 1997 div. 2001 m. Robert Wood 2005*
  - Pheona Grace, b. 2000 in Bend, Oregon
  - Robert Everett, b. 2005 in San Diego
  - Quinlan Ainslie b. 2006 in San Diego

E20336

CALIFORNIA
DRIVER LICENSE
EXPIRES 03-06-10
CLASS:C
G0488395
GARY GARTZMANN GOULD
510 SAN FERNANDO ST
SAN DIEGO CA 92106
SEX:M HAIR:BRN
HT:6-01 WT:190 DOB:03-06-41
01/26/2005 S19 16 PD/10

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need Trust schaub

Date 8-16-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Rue S. James 209405

in a Liner (Type of Burial Container) Funeral, date, time Weds, Sept. 5 10:00

Church, Chapel, Graveside ; Hemet Valley Mortuary John 951 658 4433

All Funeral cars 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 477 Grave 1

Grave space & Care Fund C-9603	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee R-60226 $178-	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	1,094.93
Paid receipt number P-00933	1,094.93
Balance due	Ø

PAID AUG 16 2007 MOUNT HOPE CEMETERY

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

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

x Lynn Tracy
Signature

x LYNN TRACY
Print Name

x4627 CASTELAR ST
Address

xSAN DIEGO 92107
City Zip Code

x619-222-2301
Telephone

Invoice # _____

Work Order # E 20337

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20337

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH James S. Rue

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

		JAMES	X	BALL	BALL	

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Rue S. James

Interment Date: Weds Sept 5 Time: 10:00 G.S.

Div: 8 Sect: 1 Blk/Row: _____ Lot: 1477 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: KEN Date: 9/4/07

CREMAINS WERE PLACED _____

E20337

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
RUE	STUART	JAMES	10/13/1928	08/31/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
HEMET	RIVERSIDE	CATHLEEN AMBROCIO, GRANDDAUGHTE 1080 BLUEBELL WAY HEMET, CA 92545

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
HEMET VALLEY MORTUARY, 403 N SAN JACINTO ST HEMET, CA 92543	FD833	▶	09/04/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	09/04/2007	▶ ERIC K. FRYKMAN, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
RIVERSIDE HEALTH DEPARTMENT 4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 9-5-07	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.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 8-17-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roy McDuffie 231069 Thurs.

in a Liner (Type of Burial Container) Funeral, date, time Aug. 23 1:00 Chapel

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 248 Grave 4

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 60206	3358.93
Balance due	-0-

PAID AUG 22 2007 MOUNT HOPE CEMETERY

Air force 11-5-07 R60354 CW Check

Fwd # 1513 10/12 CK returned 2007

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

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

231068 Olivette R-McDuffie
Print Name

Olivette R-McDuffie
Signature

3711 Sweetwater Springs #44
Address

Spring Valley, Cd 91978
City Zip Code

Olivette R-McDuffie
Telephone

Paulette

Invoice # _____

Work Order # E 20338

Acct. # _____

REA-104 (3-04) #6

This information is available in alternative formats upon request.

Inv. mailed to spouse for 3383.93 on 10/15/07 PD 11-5-07

E20338

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

	WADE		X	NORMAN		

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Roy McDuffie

Interment Date: 8-23-07 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 248 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 _____

To Whom it may concern: 8-23-07 E20338

Ray McDuffie was residing @ 4497 1/2 30th St 2 I was his care-taker

Sincerely
Lisa McKay

E20338

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
ROY	LEE	MC DUFFIE	02/02/1933	08/16/2007	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	OLIVETTE MC DUFFIE, WIFE 3111 SWEETWATER SPRINGS BLVD #44 SPRING VALLEY, CA 91978

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Glenn Kaplan	08/21/2007

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 ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	08/21/2007	▶ 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
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-23-07	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.)**

E20338

SAN DIEGO PARK & RECREATION DEPARTMENT
AMERICA'S FINEST

Mount Hope Cemetery
A cemetery for all

3751 Market Street, San Diego, CA 92102
Phone 619 527-3401 Fax 619 527-3403

INVOICE # 6
DATE: OCTOBER 15, 2007

TO Olivette Russell-McDuffie
3111 Sweetwater Springs Blvd., Apt 44
Spring Valley, CA 91978
Customer ID E020338

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Paulette Crawford	Clerical Assistant II	Due on receipt	Upon Reciept

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	Burial Services of Roy L. McDuffie in the amount of $3,358.93 and a non-sufficient check fee of $25.00.		$3,383.93
		SUBTOTAL	$3,383.93
		SALES TAX	
		TOTAL	$3,383.93

Make all cashiers, or money orders checks payable to Mount Hope Cemetery

MT. HOPE CEMETERY

At Need **INTERMENT ORDER**

City of San Diego

Date 8-17-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bessie Guss 231067 1:00

In a Liner (Type of Burial Container) Funeral, date, time Weds. Aug 22 2007

Church, Chapel, Graveside ; Rogsdale Mortuary

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

will be applied and billed to undersigned.

Division MAS Section T Blk/Row _____ Lot 26 Grave 3

Grave space & Care Fund	Lot	2,264-
Overtime/Late Arrival Fees		
Opening/Closing & Setup	open/close	533.-
Burial Container	Burial Container	270.-
Handling Fees	Handling fee	206.-
Flower vases – Marker setting fee	Record/fee	65.00
Recording/Filing/Transfer Fees		
Sales taxes	Tax	2093
	Total Due	3,358.93
Paid receipt number R-60210		3,358.93
	Balance due	Ø

PAID

AUG 21 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.

231065

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

Erma Sparrow (Signature)

Erma Sparrow (Print Name)

5022 University Ave. (Address)

San Diego (City) 92112 (Zip Code)

619 410 3773 (Telephone)

Invoice # _____

Work Order # E 20339

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20339

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
BESSIE	MAE	GUSS	06/28/1926	08/15/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	ERMA SPARROW, DAUGHTER 8337 MESA VIEW WAY SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [illegible]	08/16/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		11.00	08/17/2007	▶ 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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-22-07	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

Quit Claim Transfer

City of San Diego

Date 8-20-07

COL N3622982 (2-28-10 exp)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of from Ramon Ruiz to Sara Diaz Gastelum

in a 217408 Type of Burial Container Funeral, date, time 231071

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 23 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	65.00
Sales taxes	
Total Due	65.00
Paid receipt number AP069218	65.00
Balance due	0

PAID
AUG 20 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.

Sara Diaz Gastelum
Signature

SARA DIAZ-GASTELUM
Print Name

3162 Logan
Address

San Diego
City Zip Code

619-232-5630
Telephone

Invoice # _____

Work Order # E 20340

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20340

CALIFORNIA
DRIVER LICENSE
CLASS:C
EXPIRES 02-28-10
N3622982
RAMON COSME DIAZ RUIZ
3162 LOGAN AVE
SAN DIEGO CA 92113
SEX:M HAIR:BLK EYES:BRN
HT:5-09 WT:169 DOB:02-29-56
02/03/2005 586 18 FD/10

CALIFORNIA
SENIOR CITIZEN IDENTIFICATION CARD
EXPIRES 11-21-14
N6959392
SARA DIAZ GASTELUM
3162 LOGAN AVE
SAN DIEGO CA 92113
SEX:F HAIR:BRN
HT:5-02 WT:180
04/12/2005 613 03 FD/14

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need trust to: at need

Date 8-20-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Sara Diaz-Gastelun 231071

in a D.D. Crypt "A" (Type of Burial Container) Funeral, date, time Friday Jan 4th 10:00

Church, Chapel, Graveside _____ : El Camino Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 23 Grave 12

Grave space & Care Fund	—
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2@ E-1475 / E-1150	~~0~~
Burial Container	539.-
Handling Fees	454.-
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees 2@ 65.00	130.-
Sales taxes Tax 41.77	1164.77
Total Due	232.95
Paid receipt number Bal due	931.82
Balance due	931.82
	0

PAID SEP 27 2007 MOUNT HOPE CEMETERY

AP 065058 CHK 6024 P00989

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.

Sara Diaz Gastelum
Signature

231071
X SARA DIAZ-GASTELUM
Print Name

3162 LOGAN AVE
Address

SAN DIEGO 92113
City Zip Code

Telephone

Invoice # _____

Work Order # E 20341

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Coupons mailed 8/30/07

E20341

THE CITY OF SAN DIEGO

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

Date:

I/We Ramon Ruiz

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Sara Dia Martinez
Street Address: 3162 Logan AVE Apt / Unit #:
City: San Diego ST: CA Zip-Code: 92113
Telephone #: (619) 232

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

Division: 12 Section: 1 " " Blk / Row: " "
Lot(s): 23 Grave(s): 12

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

WITNESS my/our hand this _____ day 2007

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS — Legal Owner / Representative Signature

WITNESS — Legal Owner / Representative Signature

Paulette Crawford
CEMETERY REPRESENTATIVE NAME — Cemetery Representative Signature

Cem Mgr.

Pin 231071 E-20341

Diaz-Gastelun, Sara 3162 Logan Ave., SD CA 92113 619-232-5630

Location: 12,1,,23,12

	Debit	Credit	Balance
8/[illegible]07 ~~Opened pre-need trust. B/C $539, h/f $454, r/f~~			1164.77
[illegible]s for two $130., tax on DD Crypt A&B $41.77		232.95	931.82
AP065058.			931.82
9-28-07 CHK 6024 P000989		931 82	-0-

E20341

MOUNT 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

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Sara Diaz-Gastelun

Interment Date: 1-4-08 Time: 10:00 mass

Div: 12 Sect: 1 Blk/Row: ____ Lot: 23 Grave: 12

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

E20341

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20341 DATE: 9/28/2007

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: Sara Diaz-Gastelum and their heirs

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

DIVISION: 12 SECTION: 1 BLOCK / ROW: LOT: 23 GRAVE(s): 12

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 28th day of September, 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

E20341

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
SARA	DIAZ	DE GASTELUM	11/21/1941	12/21/2007	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	MARIBEL TEJEDA, DAUGHTER 940 E 15TH ST. NATIONAL CITY, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-N.C., 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284	▶ Cara Arur	01/02/2008

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	01/02/2008	▶ 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 1/4/08	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 7054.8, 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

At need

Date 8-21-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 206506 Nora George (Hope)

in a Liner (Type of Burial Container) Funeral, date, time Tues. Aug. 28th

Church, Chapel, Graveside ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. ____

Division 7 Section 16 Blk/Row ____ Lot 18 Grave 7

Grave space & Care Fund D-4317 219747	—
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	26.93
Total Due	1,094.93
Received on account	1,094.93
Balance due	Ø

PAID AUG 24 2007 R-60212 MOUNT HOPE CEMETERY

Most 2 Pay

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

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

Signature ____

Print Name 231077

Address ____

City ____ Zip Code ____

Telephone ____

Invoice # ____

Work Order # E 20342

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need
lot + trust

Date 8-21-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Shery L. A Graber 231050

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 N Blk/Row Lot 8 Grave 5

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	583.-
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 P-00943	3,507.51
Balance due	Ø

PAID
AUG 21 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.

SHERYL A. Graber (daughter)

I hereby authorize the interment in lot 231050 & 231049 hold under deed.

Print Name: Aaron Graber

Address: 1749 Zeller Street

City: San Diego Zip Code: 92114

Telephone: (619) 263-5250

Signature: Aaron Graber

Invoice #

Work Order # E 20343

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot, trust

Date 8-21-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FOR AARON & MARYL Graber

in a DD CRYPT + A+B (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

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

will be applied and billed to undersigned.

Division MAS Section N Blk/Row Lot 8 Grave 4

Grave space & Care Fund		2264.-
Overtime/Late Arrival Fees		
Opening/Closing & Setup	20 533.-	10606.-
Burial Container		539.-
Handling Fees		454.-
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	20 65.-	130.-
Sales taxes		417.77
Total Due		4,494.77
Paid receipt number P-00944		4,494.77
Balance due		0

PAID

AUG 21 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.

231050 SHERYL A. Graber (daughter)

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

Print Name: Aaron Graber 231049

Address: 1749 Zeller st.

City: San Diego Zip Code: 92114

Telephone: (619) 263-5250

Signature: Aaron Graber

Invoice #

Work Order # E 20344

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

3751 Market Street Date 8-21-07

San Diego, CA 92102

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DOROTHY C. BROWN 27

in a T4 VAULT (Type of Burial Container) Funeral, date, time AUG 24 Fri 12:30

Church, Chapel, Graveside GRACE BAPTIST: EAGSDALE Mortuary.

All Funeral cars 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 140 Grave 2

Grave space & Care Fund R-56596 8/20/03 PD PRG NEED LOTS 1 & 2 — 0

Overtime/Late Arrival Fees INTERFUND

Opening/Closing & Setup 533.00

Burial Container 315.00

Handling Fees 206.00

Flower vases – Marker setting

Recording/Filing/Transfer Fees 65.00

Sales taxes 27.51

Total Due 1243.51

Paid receipt number R-60211 1243.51

CHK 4481 Balance due 0

PAID

AUG 21 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.

Pin #26

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

x Herbert L. Brown
Signature

x HERBERT L. BROWN
Print Name

x 187 REPUBLIC ST
Address

x SAN DIEGO CA 92114
City Zip Code

x CA 264-3064
Telephone

Invoice # _____

Work Order # E 20345

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20345

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH FOR DOROTHY C. BROWN

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

	MR AUBACH		X	BERHART		
		WALKER				

Flagged Yes _____ **No** _____

Blind Check Initiated By: _____ Date: _____

Interment space for: DOROTHY C. BROWN

Interment Date: AUG 24 FRI Time: 12:30

Div: 12 Sect: 2 Blk/Row: _____ Lot: 140 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: David Norris Date: 8-22-02

CREMAINS WERE PLACED _____

E20345

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 82

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DOROTHY	COWLING	BROWN	04/07/1925	08/20/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	HERBERT L BROWN, HUSBAND 1819 REPUBLIC 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 filing permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Shannon Ryan	08/22/2007

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	08/22/2007	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 WITHIN VIRGINIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-24-07	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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 8/22/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gloria Mallory 231080

in a Liner (Type of Burial Container) Funeral, date, time Weds Aug. 29

Church, Chapel, Graveside Bethel Baptist 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 11 Section 2 Blk/Row _____ Lot 11 Grave 9

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R-60216	3,358.93
Balance due	0

PAID
AUG 22 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.*

231079

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

Signature: David Earl Mallory

Print Name: DAVID EARL MALLORY

Address: 2218 FRANKLIN AVE.

City: S.D. Ca. Zip Code: 92113

Telephone: 992-6547

Invoice # _____

Work Order # E 20346

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20346

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	MALLORY		
			MALLORY			

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Gloria Mallory

Interment Date: Weds Aug 29th Time: _____

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

123
45678

E20346

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		X	BAILEY		

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Nora George

Interment Date: Tues Aug. 28 Time: _____

Div: 7 Sect: 16 Blk/Row: _____ Lot: 18 Gr: 7

Grave Laid out by: Norman Perquean

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20346

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

61

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GLORIA	JEAN	MALLORY	12/07/1945	08/21/2007	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	DAVID MALLORY, BROTHER 2218 FRANKLIN 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
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶	08/29/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	08/29/2007	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-29-07	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.)

E20346

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 103

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NORA	-	GEORGE	04/15/1904	08/18/2007	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	NORA L. BOOKER, GRANDDAUGHTER 2711 MANOS DRIVE #13 SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sienna Pa Pryor	08/24/2007

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	08/24/2007	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 8-28-07	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.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need 20 CHAIRS Date 08/22/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Iwashita 78 209204

In a Ash vault (Type of Burial Container) Funeral, date, time Aug. 29th Wed. 10:00 2007

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 5172 Grave _____

Grave space & Care Fund C-1282	—
~~Overtime/Late Arrival Fees~~ (1) CANOPY	65.-
Opening/Closing & Setup	199.-
Burial Container Ash vault	104-
Handling Fees	114-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	8.06
Total Due	575.06
Paid receipt number AP 689011	575.06
Balance due	0

PAID AUG 23 2007 MOUNT HOPE CEMETERY

fax 426-3616

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

231076

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

X _____ Signature

X _____ Print Name

X _____ Address

X _____ Zip Code

X _____ Telephone

See attached

X _____ Invoice #

Work Order # E 20347 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 08/22/07

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

In a ash vault (Type of Burial Container) Funeral, date, time Aug. 29th 10:00 2007

Church, Chapel, Grave(Site) : 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 5172 Grave _____

Grave space & Care Fund C-1282	—
~~Overtime/Late Arrival Fee~~ (1) CANOPY	65.-
Opening/Closing & Setup	199.-
Burial Container ash vault	104-
Handling Fees	114-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	8.06
Total Due	575.06
Paid receipt number	575.06
Balance due	Ø

PAID AUG 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.

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

X Cheryl I.T. Chang (Signature)

X Cheryl I.T. Chang (Print Name)
X 5152 Cape Tenez Dr. (Address)
X Whittier, CA 90601 (City, Zip Code)
X (562) 695-8343 (Telephone)
(562) 453-8138 (cell)

Invoice # _____

Work Order # E 20347

Acct. # _____

REA-104 (3-94)

This information is available in alternative formats upon request.

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 Ashcraft

		Iwashita	X			

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Charles M. Iwashita Ø

Interment Date: 8-28th Time: 10:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 5172 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 _____

E20347

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

90

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MINORU	CHARLES	IWASHITA	04/11/1917	08/21/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	MARGARET KIYOKO IWASHITA, SPOU[illegible] 769 GLOVER AVENUE CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
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
		▶ [illegible]	8/23/07

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	08/23/2007	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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 8/28/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Carl Bryers II	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES, INC. 2570 FORTUNE WAY VISTA, CA 92083	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA. ONLY ENTER LATITUDE 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 8-23-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (Ruth) Hollis Monzingo Foster 225555

in a Topseal (Type of Burial Container) Funeral, date, time Friday Aug. 31 10:00

Church, Chapel, Graveside ; El Camino-Cypress Mortuary. 264-0368

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

will be applied and billed to undersigned. _____

Division IOOF Section _____ Bldg/Row 34 Lot 1 Grave 1

Grave space & Care Fund ..... Deed #4242 ..... ⊖

Overtime/Late Arrival Fees .....

Opening/Closing & Setup 50

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee ..... WO E-57-19867

Recording/Filing/Transfer Fees 02-26-

Sales taxes .....

Total Due ..... ⊖

Paid receipt number N/A

Balance due ⊖

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

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

X Margaret Canavan
Signature

X Margaret Canavan
Print Name

X 17531 Devereux Rd
Address

X San Diego, CA 92128
City Zip Code

X 858-451-8629
Telephone

Invoice # _____

Work Order # E 20348

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20348

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

			PRICE			
		MONZINGO	X	MUSGROVE		

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Ruth Hollis Monzingo Foster

Interment Date: Friday Aug 31 Time: 10:00 Chapel

Div: IOOF Sect: ____ Blk/Row: 34 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 _____

E20348

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 98

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HOLLIS	GILLIEM	FOSTER	01/16/1909	08/21/2007	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	MARGARET CANAVAN, DPOA 17531 DEVEREUX RD. SAN DIEGO, CA 92128

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-IMPERIAL AVE., 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	FD-670	▶ Carla Phrin	08/28/2007

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/28/2007	▶ 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 8/31/2007	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 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.)

With James D. Newcomer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need 15 chairs

Date 08/23/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Saki Newcomer ⊗ 220693 Thurs.

in a ASH VAULT (Type of Burial Container) Funeral, date, time August 30th 10:30

Church, Chapel, Graveside : Kubota / or family Mortuary

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2916 Grave 1

Grave space & Care Fund D-9988	⊖
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- 60221	510.06
Balance due	⊖

PAID
AUG 24 2007
MOUNT HOPE CEMETERY

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

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

Signature

RODNEY TAKASHIMA
Print Name

236 PETUNIA CT
Address

SAN MARCOS, CA 92069
City Zip Code

(760) 798-4111
Telephone

Paulette

Work Order # E 20349

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20349

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH James D. Newcomer (under marker)

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

	Corsey		X	Gives	Rogers	

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Saki Newcomer Ø

Interment Date: 8/30/07 Time: Thurs 30th 10:30

Div: 10 Sect: ~ Blk/Row: ~ Lot: 2516 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

E20349

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Saki	-	Newcomer	06/02/1920	08/23/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Gardena	Los Angeles	Lisa Mustard-Granddaughter 5528 Towers Street Torrance, CA 90503

7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
Kubota Nikkei Mortuary, Inc. 911 Venice Blvd., Los Angeles, CA 90015	FD-929	▶ Kazu K Kuy	08/23/2007

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/24/2007	▶ Jonathan E. Freedman MD MPH

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
313 N. Figueroa St., LA, CA 90012	3851 Rosecrans St., San Diego, CA 92110

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 St. San Diego, CA 92102	11B. DATE BURIED 8/30/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Earl Bryson Jr	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY IA Odd Fellow Crematory, 3640 Whittier Blvd. Los Angeles, CA 90023	12B. DATE CREMATED 08/24/07	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Aida Bobadilla	
SCIENTIFIC USE	13A. 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

At Need
Res. fee

Date 8/27/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Howard E. Cooper 231088

in a D.D. CRYPT-A- (Type of Burial Container) Funeral, date, time Friday Aug. 31 1:00

Church, Chapel, Graveside _____ Anderson Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 137 Grave 8

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ 533.-	1066.-
Burial Container	539.-
Handling Fees	464.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 @ 130.-	130.-
Sales taxes	41.77
Total Due	4494.77
Paid receipt number R-60222	4,494.77
Balance due	Ø

PAID
AUG 27 2007
MOUNT HOPE CEMETERY

AIR FORCE

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.

231087

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

X Shirley Cooper
Signature

X Shirley Cooper
Print Name

X 8433 Nogelino Lane
Address

X S.D. Calif. 92114
City Zip Code

X 619/479-1469
Telephone

Invoice # _____

Work Order # E 20350

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

VA

Printed on recycled paper

E20350

CALIFORNIA

DRIVER LICENSE

EXPIRES 05-28-11

A0543899

CLASS:C

SHIRLEY ANN COOPER
8433 NOELINE LN
SAN DIEGO CA 92114

SEX:F HAIR:GRY EYES:BRN
HT:5-02 WT:130 DOB:05-28-40

04/07/2006 235 RB FD/11

E20350

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: AIR FORCE

SEPARATION DATA

1. LAST NAME — FIRST NAME — MIDDLE NAME: COOPER HOWARD EDWARD
2. SERVICE NUMBER: AF 14 412 191
3. GRADE — RATE — RANK AND DATE OF APPOINTMENT: A1C(P) 8Jun 54
4. COMPONENT AND BRANCH OR CLASS: Reg AF
5. QUALIFICATIONS — SPECIALTY NUMBER OR SYMBOL: 64152 — RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: Inventroy Clerk 1-01. 41
6. EFFECTIVE DATE OF SEPARATION: DAY 1 MONTH Aug YEAR 55
7. TYPE OF SEPARATION: REL AMS
8. REASON AND AUTHORITY FOR SEPARATION: COG Para 2 AFR 39-14 & Para 2a AFR 39-45
9. PLACE OF SEPARATION: Parks AFB, Calif
10. DATE OF BIRTH: DAY 30 MONTH Jan YEAR 34
11. PLACE OF BIRTH (City and State): Tampa, Florida
12. DESCRIPTION: SEX Male; RACE Neg; COLOR HAIR Black; COLOR EYES Brown; HEIGHT 5 - 8; WEIGHT 145

SELECTIVE SERVICE DATA

13. REGISTERED: YES X NO X — SELECTIVE SERVICE NUMBER NA
14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State): NA
15. INDUCTED: DAY — MONTH NA — YEAR
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES X NO — COMPONENT AND BRANCH OR CLASS AFRES — COGNIZANT DISTRICT OR AREA COMMAND HQ CONAC(NARS) Denver 5, Colorado
17. MEANS OF ENTRY OTHER THAN BY INDUCTION: [X] ENLISTED FE 4yrs [ ] REENLISTED [ ] COMMISSIONED [ ] CALLED FROM INACTIVE DUTY
18. GRADE — RATE — ENTRY INTO ACTIVE SERVICE: Basic Airman
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY 17 MONTH Aug YEAR 51 PLACE (City and State) Tampa, Fla.
20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State): 1110 Arch St., Tampa, Hillsborough, Florida

SERVICE DATA

STATEMENT OF SERVICE FOR PAY PURPOSES

	A. YEARS	B. MONTHS	C. DAYS
21. NET SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD N/A		N/A	
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	11	15
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	0	0	0
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	3	11	15

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY — MONTH NONE — YEAR — AMOUNT
26. FOREIGN AND/OR SEA SERVICE: YEARS 1 — MONTHS 4 — DAYS 4
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: National Defense Service Medal Korean Service Medal UN Service Medal Good Conduct Medal
28. MOST SIGNIFICANT DUTY ASSIGNMENT: 8th BOMBARDMENT SQ(L NI) APO 994 FEAF
29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): NONE
30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD COURSES SUCCESSFULLY COMPLETED: F E Warren AFB, Wyo — DATES (From To): Oct 51 Jan 52 — MAJOR COURSES: Supply
31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: GED Test High School Passed 1953

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium may continue to be paid when due, or within 31 days thereafter, or insurance [illegible] (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver — premium payment must be resumed within 120 days after separation. [illegible] premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in Item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 8-31.) When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.

32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM: NONE INDEMNITY
32B. ACTIVE SERVICE PRIOR TO 25 APRIL 1951: [ ] YES [X] NO [ ] UNKNOWN
33. MONTH ALLOTMENT DISCONTINUED: NA
34. MONTH NEXT PREMIUM DUE: NA
35. TOTAL PAYMENT UPON SEPARATION: NA
36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT: NA
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER: NA

AUTHENTICATION

38. REMARKS (Continue on reverse): No Days Lost UP Sed 6a App 2B MCM 1951 Foreign Service Selection Date 25 Jul 55; Blood Gp "O" Item 3: DOR 1 Jun 54; Item 7: Trans AFRES; AFQT-(19 IV); Mech 4,Cler 5,EqpOpr3, RadOpr 4, TechSp 5,Svs 6,Crafts 4, Elects 4; Entitled to $300.00Mustering-out Pay PL 550 82d Cong., 1st Installment Paid $100.00
39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: [signature]
NAME, GRADE AND TITLE (Typed): R. A. HOYEM 1st Lt, USAF

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type): COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. NONE — CLAIM NUMBER NONE
41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM 1949 TO 1949
42. MAIN CIVILIAN OCCUPATION: Grocery
43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER: Mr. Edward Hurley, Tampa, Florida
44. UNITED STATES CITIZEN: [X] YES [ ] NO
45. MARITAL STATUS: Single
46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR 8 — HIGH SCHOOL 2 — COLLEGE 0 — DEGREE(S) NONE — MAJOR COURSE OR FIELD Academic
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D. City, County and State): (See 20)
48. SIGNATURE OF PERSON BEING SEPARATED: Howard E. Cooper

*N/A Not Applicable

DD FORM 1 JUL 52 214 EDITION OF 1 JAN 50 IS OBSOLETE. INDIVIDUAL'S COPY (TO BE DELIVERED TO THE INDIVIDUAL BEING SEPARATED)

E20350

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"

			X	PENNE BOKER	NAILAS	

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Howard E. Cooper

Interment Date: Friday Aug 31 Time: 1:00

Div: 11 Sect: 1 Blk/Row: _____ Lot: 137 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 _____

E20350

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HOWARD	EDWARD	COOPER	01/30/1934	08/25/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHIRLEY COOPER, WIFE 8433 NOELINE LANE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT (Person taking permit)	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sherrilla Brown	08/29/2007

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
		11.00	08/29/2007	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 TO OCCUR IN ANOTHER 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	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL		
	MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	8/31/07	Michael J. [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 N.R.

Date 8/27/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anita White 231084 10:00

in a Liner (Type of Burial Container) Funeral, date, time Friday Aug 31 2007

Church, Chapel, Graveside Rogsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 153 Grave 11

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 R-60225	4,465.82
Balance due	Ø

PAID AUG 30 2007 MOUNT HOPE CEMETERY

MORT 2 Pay

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

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

[signature]
Signature

231083
X White, Edward
Print Name
X 8750 Mellmanor Dr #170
Address
X San Diego CA 91942
City Zip Code
X (619) 977 3739
Telephone

Invoice # _____

Work Order # E 20351

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20351

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

	RAMIREZ	NUEZ	X			

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Anita White

Interment Date: Fri. 8/31 Time: 10:00 Chapel

Div: 12 Sect: 2 Blk/Row: _____ Lot: 153 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 _____

E20351

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

49

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANITA	MARIA	WHITE	09/14/1957	08/25/2007	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	EDWARD WHITE JR, SON 8750 MELLMANOR DR #170 SAN DIEGO, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Stephen Kaplan	08/28/2007

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	08/28/2007	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 8/31/2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Michael J. Smith	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

COPY 2 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9e (REV.12/94)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Lot/Trust

Date 8-28-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lafayette Carroll & Delores Carroll

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 II Section 1 Blk/Row ~ Lot 36 Grave 5

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	4,494.77
Paid receipt number AP 684947	900.00
Balance due	3,594.77

PAID
OCT - 5 2009
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.

231082

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

x Delores Carroll
Signature

x Delores Carroll
Print Name
4856 Wyconda Lane.
Address
San Diego, Ca. 92113-3567
City Zip Code
619-263-2936
Telephone

Paulette

Invoice # _____

Work Order # E 20352

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Coupons 09/04 / mail certificate 10/09

U UJ. E20352

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 1 JUL 79 214 — PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle): CARROLL, LAFAYETTE NMN
2. DEPARTMENT, COMPONENT AND BRANCH: NAVY - USN
3. SOCIAL SECURITY NO.: 559 | 04 | 3524

4a. GRADE, RATE OR RANK: LT
4b. PAY GRADE: 03
5. DATE OF BIRTH: 56AUG23
6. PLACE OF ENTRY INTO ACTIVE DUTY: LOS ANGELES, CA

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: NAS NORTH ISLAND ALF S CLEM I SDIEGO CA
8. STATION WHERE SEPARATED: PSD NORTH ISLAND SAN DIEGO CA 92135

9. COMMAND TO WHICH TRANSFERRED: NA
10. SGLI COVERAGE AMOUNT $ 50,000 [ ] NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years)

5977 - ELX INST&RP 4YRS 1MO
9272 - NAVGUNFIRE LIA 2YRS
9250 - DIV WEP GEN 1YR 3MOS
9282 - SHP ELX WRFARE 1YR 4MOS
9252 - DIV WEP GUNRY 1YR 8MOS

12. RECORD OF SERVICE	YEAR(S)	MON(S)	DAY(S)
a. Date Entered AD This Period	78	MAY	07
b. Separation Date This Period	89	JAN	01
c. Net Active Service This Period	10	07	25
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	00
f. Foreign Service	00	00	00
g. Sea Service	04	04	12
h. Effective Date of Pay Grade	82	JUL	01
i. Reserve Oblig. Term. Date	NA		

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

NAVY EXPEDITIONARY MEDAL, SEA SERVICE DEPLOYMENT RIBBON, BATTLE "E" RIBBON, NAVY FLEET MARINE FORCE RIBBON, EXPERT PISTOL MEDAL.

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)

NAVAL GUNFIRE LIAISON OFF, 4WKS, NOV83; LMET, 2WKS, SEP79; SWOS, 16WKS, APR79; NUCWEAP 3DAYS, OCR79; CTT, 1WK, MAY79; OOD, 1WK, NOV78; EWO, 4WKS, MAY80; INTELL OFF, 2WKS, AUG80; NTDS-USER, 1WK, SEP80; NTDS-INPUT, 1WK, SEP80; MILITARY JUSTICE NON-LAW, 4WKS, AUG80.

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM [ ] YES [X] NO
16. HIGH SCHOOL GRADUATE OR EQUIVALENT [X] YES [ ] NO
17. DAYS ACCRUED LEAVE PAID 46.5

18. REMARKS

DENTAL EXAMINATION COMPLETED WITHIN 90 DAYS PRIOR TO SEPARATION FROM ACTIVE DUTY AND FURTHER TREATMENT IS NOT NEEDED.
MEMBER AUTHORIZED AND PAID SEPARATION PAY IN THE AMOUNT OF $ 30,000.00.

X X X X X X X X X X X X X X X X

19. MAILING ADDRESS AFTER SEPARATION: 2905 - 47TH STREET, SAN DIEGO, (SAN DIEGO), CA 92105
20. MEMBER REQUESTS COPY 6 BE SENT TO CA DIR. OF VET AFFAIRS [X] YES [ ] NO

21. SIGNATURE OF MEMBER BEING SEPARATED: [signature]
22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN: R. M. GUERRERO, PNC, MILPERSUPV BYDIR [signature]

S/N 0102-LF-000-2140

MEMBER - 1

E20352

OFFICIAL RECEIPT

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

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

P 01984

Date: Oct 5, 20 09

From: Delores Carroll Address: on file

One-hundred forty-nine and 83/00 Dollars ($ 149.83)

in ~~part~~ full Payment of Pre-need paid in full 24th coupon

Div 11 Sec 1 Blk/Row Lot 36 Grave 5

Invoice No. E-20352

Acct. No.

W.O.

BALANCE DUE $ 0 paid in full

☒ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check 5317

AC-212 (2-08)

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

PAID

OCT - 5 2009

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	149.83
Pre-Need Trust	63033 77186	
TOTAL PAID	$	149.83

E20352

E20352

E20352

OFFICIAL RECEIPT

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

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

P01919

Date: 8/24, 20 09

From: Delores Carroll Address: Angelo

One hundred forty nine ~~00/xx~~ Dollars ($ 149.78)

in PACT Payment of Pre-need Lot & Trust

Div 11 Sec 1 Blk/Row Lot 36 Grave 5

Invoice No. E-20352

Acct. No.

W.O.

BALANCE DUE ~~$0~~ $299.61

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

5294 ☒ 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

AUG 24 2009

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	149 78
Pre-Need Trust	63033 77186	
TOTAL PAID	$	149 78

E 20352

OFFICIAL RECEIPT

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

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

P 01768

E20352

Date: 06-01, 20 09

From: Delores Carroll Address: on file

One hundred forty-nine 78/100 Dollars ($ 149.78)

in Part II Payment of Pre-need Coupon #21

Div Sec 1 Blk/Row Lot 36 Grave 5

Invoice No. E-20352

Acct. No.

W.O.

BALANCE DUE $499.39

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

RECEIVED
JUN 1 2009
By

ISSUED BY Paulette

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	149.78
Pre-Need Trust	63033 77186	
TOTAL PAID	$	149 78

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check $274

AC-212 (2-06)

This information is available in alternative formats upon request.

E 20352

OFFICIAL RECEIPT

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

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

P01757

E20352

Date: 5/20, 2009

From: D. Carroll Address: on file

One hundred forty nine 78/100 Dollars ($ 149.78)

in part Payment of Pre-need coupon #20

Div 11 Sec 1 Blk/Row ~ Lot 36 Grave 5

Invoice No. E 20352

Acct. No.

W.O.

BALANCE DUE $ 599.17

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 5262

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

PAID

MAY 20 2009

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	149.78
Pre-Need Trust	63033 77186	
TOTAL PAID		$ 149.78

AC-212 (2-08)

This information is available in alternative formats upon request.

E20352

E20352

OFFICIAL RECEIPT

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

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

P01704

Date: 4/8, 20 09

From: Delores Carroll Address: on file

One hundred Forty-nine 78/00 Dollars ($ 149.78)

in part Payment of Pre-need Lot & Trust, Coupon # 19.

Div 11 Sec 1 Blk/Row Lot 36 Grave 5

Invoice No. E-20352

Acct. No.

W.O.

BALANCE DUE $ 74895

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

RECEIVED
APR - 7 2009
By Paulette C.

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	149.78
Pre-Need Trust	63033 77186	
TOTAL PAID	$	149.78

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge 5243

☒ Check

ISSUED BY

AC-212 (2-08)

This information is available in alternative formats upon request.

E20352

OFFICIAL RECEIPT

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

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

P01670

Date: 3/10, 20 09

From: Delores Carroll Address: on file

One Hundred, Fourty-Nine 78/00 Dollars ($ 149.78)

in Part Payment of Pre-need, Coupon # 18

Div 11 Sec 1 Blk/Row Lot 36 Grave 5

Invoice No. E20362

Acct. No.

W.O.

BALANCE DUE $ 898.73

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 522

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

PAID

MAR 10 2009

RECEIVED BY MOUNT HOPE CEMETERY.

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	149.78
Pre-Need Trust	63033 77186	
TOTAL PAID	$	149.78

AC-212 (2-08)

This information is available in alternative formats upon request.

E20352

E20352

OFFICIAL RECEIPT

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

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

P01648

Date: 2/20/ , 2009

From: Delores Carroll Address: On file

One hundred forty-nine 78/100 Dollars ($ 149.78)

in part Payment of Pre-need lot and trust, Actually payment 1/6

Div 11 Sec 1 Blk/Row Lot 36 Grave 5

Invoice No. E-20352

Acct. No.

W.O.

BALANCE DUE $ 1,048.51

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check # 5210

AC-212 (2-08)

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

RECEIVED
FEB 19 2009

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	149.78
Pre-Need Trust	63033 77186	
TOTAL PAID	$	149.78

E20352

E20352

OFFICIAL RECEIPT

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

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

P01550

Date: December 24, 20 08

From: Delores Carroll Address: on file

Two hundred, ninety-nine and 56/100 Dollars ($ 299.56)

in Part Payment of Pre-need, coupon #15

Div 11 Sec 1 Blk/Row Lot 36 Grave 5

Invoice No. E 20352

Acct. No.

W.O.

BALANCE DUE 1,198.29

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check

AC-212 (2-06)

5175

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

PAID

DEC 24 2008

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT 20% Sales Care	67007 77184	6 92
80% Sales of Lots	100 77184	292 64
Pre-Need Trust	63033 77186	
TOTAL PAID	$	299 56

E20352

E20352

OFFICIAL RECEIPT

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

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

P01548

Date: 12/1, 20 08

From: Delores Carroll Address: on file

Dollars ($ 149.78)

in Part Payment of Pre-need trust and lot

Div 11 Sec 1 Blk/Row Lot 36 Grave 5

Invoice No. E-20352

Acct. No.

W.O.

BALANCE DUE $1,497.85

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

PAID

DEC 1 2008

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT 20% Sales Care	87007 77184	
80% Sales of Lots	100 77184	149 78
Pre-Need Trust	63033 77186	
TOTAL PAID	$	149 78

☒ Pre-Need Lot
☒ Pre-Need Trust

☐ Money Order
☐ Charge
☐ Check

AC-212 (2-08)

E20352

E 20352

OFFICIAL RECEIPT

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

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

P 01419

Date: 10/03, 2008

From: Delores Carroll Address: on file

one hundred forty nine 78/00 Dollars ($ 149.78)

in pre need Payment of pre-need, Coupon #13

Div 11 Sec 1 Blk/Row Lot 36 Grave 5

Invoice No. E-20352

Acct. No.

W.O.

BALANCE DUE $1,647.63

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

PAID

OCT 3 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	149. 78
Trust	77186	
TOTAL PAID	$	149. 78

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check #5104

AC-212 (11-05)

This information is available in alternative formats upon request.

E20352

E20352

OFFICIAL RECEIPT

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

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

P 01369

Date: 8/27, 20 08

From: Delores Carroll Address: on file

One Hundred, forty-nine and 78/00 Dollars ($ 149.78)

in part Payment of Pre-need

Div 11 Sec 1 Blk/Row Lot 36 Grave 5

Invoice No. E-20352

Acct. No.

W.O.

BALANCE DUE $ 1,797.41

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

PAID

AUG 27 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	149. 78
Trust	77186	
TOTAL PAID	$	149. 78

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5084

AC-212 (11-05)

This information is available in alternative formats upon request.

E20352

E 20352

OFFICIAL RECEIPT

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

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

P 01333

Date: July 30, 2008

From: Delores Carroll Address: on file

One hundred, forty-nine and 78/100 Dollars ($ 149.78)

in part Payment of pre-need, Coupon # 11

Div 11 Sec 1 Blk/Row Lot 36 Grave 5

Invoice No. E- 20352

Acct. No.

W.O.

BALANCE DUE $1,947.19

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5063

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

PAID

JUL 30 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	149.78
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	149.78

AC-212 (11-05)

This information is available in alternative formats upon request.

E20352

E20352

OFFICIAL RECEIPT

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

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

P 01290

Date: 07/02 , 2008

From: D. Carroll Address: on file

Dollars ($ 149.78)

in Part Payment of Coupon #10

Div 11 Sec 1 Blk/Row Lot 36 Grave 5

Invoice No. E 20352

Acct. No.

W.O.

BALANCE DUE ~~$ 2246.75~~ 2096.97

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5053

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

PAID

JUL 2 2008

MOUNT HOPE CEMETERY

ISSUED BY pcrawford

CREDIT	67007	149 78
20% Sales Care	77184	~~149 78~~
Pre-Need	63033	
Trust	77186	
TOTAL PAID		$ 149. 78

AC-212 (11-05)

This information is available in alternative formats upon request.

E20352

E20352

OFFICIAL RECEIPT

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

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

P 01262

Date: 06/04, 20 08

From: Delores Carroll Address: on file

One hundred forty-nine and 78/00 — Dollars ($ 149.78)

in part Payment of Pre-need lot & trust, coupon #9

Div 11 Sec 1 Blk/Row Lot 36 Grave 5

Invoice No. E-20362

Acct. No.

W.O.

BALANCE DUE $ 2,246.75

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5029

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

PAID

JUN 4 2008

MOUNT HOPE CEMETERY

ISSUED BY paulette C.

CREDIT	67007	9.06
20% Sales Care	77184	~~[illegible]~~ 20%
Pre-Need	63033	~~[illegible]~~ Trust
Trust	77186	140.72

P.C.

TOTAL PAID $ 149.78

AC-212 (11-05)

This information is available in alternative formats upon request.

E20352

E 20 352

0•*

452•80+
137•26-
315•54*

1 12

315.54
149.78 — April 08
165.56
149.78 — May 08.
15.88 to trust

remaining

E20352

OFFICIAL RECEIPT

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

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

P 01219

Date: 4/29, 2008

From: Delores Carroll Address: on file

Dollars ($ 149.78)

in part Payment of on file payment #8

Div 11 Sec 1 Blk/Row Lot 36 Grave 5

Invoice No. E-20352

Acct. No.

W.O.

BALANCE DUE $2,396.53

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

PAID

APR 28 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	20% 149.78
Pre-Need	63033	
Trust	77186	

TOTAL PAID $ 149.78

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5020

AC-212 (11-05)

This information is available in alternative formats upon request.

E20352

E20352

OFFICIAL RECEIPT

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

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

P 01184

Date: 3/27, 2008

From Delores Carroll Address: same as file

Dollars ($ 149.78)

in part Payment of pre need coupon #7

Div 11 Sec 1 Blk/Row — Lot 36 Grave 5

Invoice No. E-20352

Acct. No.

W.O.

BALANCE DUE $2,546.31

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 4995

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

PAID

MAR 27 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	~~149.~~	~~78~~ 137.26
20% Sales Care	77184		
Pre-Need	63033		
Trust	77186		
~~100%~~ 100%		~~149.78~~	
		12.	52
TOTAL PAID	$	149.	78

AC-212 (11-05)

This information is available in alternative formats upon request.

E20352

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot and trust

Date 8-29-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for: Manuel L. Real/Petra M Real

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 7 Section 5 Blk/Row 8 Lot _____ Grave 14

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2@533.-	1,066.-
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-00951	4,494.77
Balance due	Ø

PAID AUG 29 2007 MOUNT HOPE CEMETERY

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

230892

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

Signature

Jose R. Rios
Print Name

7414 Mesa College Dr. #38
Address

San Diego 92111
City Zip Code

(760) 419-7815
Telephone

also co purchaser Jesse Sainz

Work Order # E 20353 Pin 731090

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Grandson

Jesse Sainz

3600 Stockton Blvd Suite A
Sacramento CA 95820

916-769-3837 Cell

916-451-4478 office

E20353

OFFICIAL RECEIPT

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

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

P00951

Date: August 29, 20 07

From: Jose R. Rios/Jesse Sainz Address: 7414 Mesa College Dr. #38

Four Thousand, four hundred, Ninety-four 77/00 — Dollars ($ 4,494.77)

in Full Payment of Pre-need lot, trust for Manuel L Real/Petra M. Real

Div 7 Sec 5 Blk/Row 8 Lot — Grave 14

Invoice No. E-20353

Acct. No.

W.O.

BALANCE DUE Ø

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

PAID

AUG 29 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	452.80
20% Sales Care	77184	
Pre-Need	63033	4041.97
Trust	77186	
TOTAL PAID	$	4,494.77

☑ Pre-Need Lot ☑ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check

1007969522 3
1007969522 2
GB050-119402, 401
403, 404

This information is available in alternative formats upon request.

Mail

~~Sta.~~ Jesse Sainz/Jose R Rios
3600 Stockton Blvd
Suite A
Sacramento 95820
916-769-3837 Cell
916 451-4478 offc

CALIFORNIA
IDENTIFICATION CARD
E0766967
JOSE RODOLFO RIOS
7414 MESA COLLEGE DR 38
SAN DIEGO CA 92111
SEX:M HAIR:BLK EYES:BRN
HT:5-08 WT:185 DOB:07-04-54
07/26/2006 519 18 FD/12

E20353

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/30/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jaime Camacho (Garcia) 231086

in a TS VAULT (Type of Burial Container) Funeral, date, time Friday, Aug 31 @ 11:00

Church, Chapel, Graveside Guadalupana Mortuary. 619-544-9333

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

will be applied and billed to undersigned _____

Division MASON Section C Blk/Row _____ Lot 15 Grave 3

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-60223	3,507.51
Balance due	0

PAID
AUG 30 2007
MOUNT HOPE CEM

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 _____

Leticia Camacho 231085
Print Name
3726 Madison Ave #5
Address
San Diego, CA 92116
City Zip Code

Telephone _____

Invoice # _____

Work Order # E 20354

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E 20354

Mount Hope Cemetery
08/30/2007

To whom it may Concern

Good Morning

The family of Jaime Camacho Garcia, arrived late yesterday Wednsday,we asked to please come before 12p.m. so we could pay for services for him on this Friday at 12p.m.

We tried several times calling you,but no luck, your phones were on answering machine,we are *pleading with your goodwill on behalf of the family, they had a very hard time coming up with* the money.

The mass is on Friday at 11:00a.m. and they wish for burial this Friday at 12p.m. aprox.

They understand the 48 hour policy, and do not have for a Saturday funeral,so please try to accomdate them, I told them of your kindness and appreciation for special circumstances,so please as soon as you come to a decision, please let me know at, 619-544-9333,so I can have my driver stop by my house so he can take a check to your office, he gets in aroung 9:00a.m..

Please try to accomdate this family,this young man was a hit and run victim, they are very upset and wish this not to come to Monday.

Anticipating your goodwill, I await your response A.S.A.P,so I may call them and calm them,and confirm other services for him,etc.

Sincerely yours,

Jose M.Chavez
Manager
Guadalupana Mortuary

E20354

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 topseal vault

		R/R right				
			X			

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Jaime Camacho Garcia

Interment Date: 8/31/07 Time: 11:00

Div: MAS Sect: C Blk/Row: _____ Lot: 15 Gr: 3

Grave Laid out by: Vernon Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

CREMAINS WERE PLACED _____

E20354

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 29

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAIME	-	CAMACHO	10/10/1977	08/27/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LETICIA CAMACHO, SISTER 3726 MADISON AVE. #5 SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶ David Ayala	08/30/2007

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	08/30/2007	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST.,SAN DIEGO,CA.92102	11B. DATE BURIED 8/31/2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Michael O. Gentry	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA. ONLY ENTER LATITUDE 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/must NR.1

Date 8-30-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for William H. Wells Sr. 231089

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 84 Grave 9

Grave space & Care Fund	3011.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	275.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fee	85.-
Sales taxes	27.82
Total Due	4,465.82
Paid receipt number P-00954	4,465.82
Balance due	Ø

PAID
AUG 30 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.

228192

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

William H. Wells Jr
Signature

William H Wells JR
Print Name
1413 TRAILWOOD AVE
Address
Chula Vista CA 91913
City Zip Code
(619) 482-0360
Telephone

Invoice # _____

Work Order # E 20355

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Deed mailed 9/7/07

E20355

E20355

OFFICIAL RECEIPT

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

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

P 0095

Date: August 30, 2007

From: William Wells Jr. Address: 1413 Trailwood Ave, EV CA 91913

Four Thousand, Four hundred, Sixty-five and 82/00 Dollars ($ 4,465.82)

in Full Payment of Pre-need lot, trust for William Wells Sr.

Div 12 Sec 1 Blk/Row – Lot 84 Grave 9

Invoice No. E-20

Acct. No.

W.O.

BALANCE DUE Ø

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check EC

AC-212 (11-05) #234696629

This information is available in alternative formats upon request.

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

PAID

AUG 30 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	602	20
20% Sales Care	77184		
Pre-Need	63033	3,863.	62
Trust	77186		
TOTAL PAID	$	4465.	82

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/31/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of T. C. CALHOUN 231093

in a Double Depth "A" (Type of Burial Container) Funeral, date, time Sept. 7th 12:00 Friday 2007

Church, Chapel, Graveside CA BURIAL (286-0015) Mortuary Martin

All Funeral cars 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 26 Grave 9

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 R-60227	3,896.77
Balance due	0

PAID
SEP - 6 2007
MOUNT HOPE CEMETERY

MORT.-2-Pay
Fax: 286-2674

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 231092

Paulette

Invoice # _____

Work Order # E 20356

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Address:
2856 Franklin Ave
San Diego CA 92113

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/31/07

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

in a Double Depth "A" (Type of Burial Container) Funeral, date, time Friday Sept. 7th 12:00 2007

Church, Chapel, Graveside CA BURIAL (286-0015) Mortuary Murphy

All Funeral cars 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 26 Grave 9

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 R-60227	3,896.77
Balance due	0

PAID
SEP - 6 2007
MOUNT HOPE CEMETERY

MORT.-2-Pay
Fax: 286-2674

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.

Signature

Frances Calhoun
Print Name
2856 Franklin Ave
Address
San Diego, CA 92113
City Zip Code
619 229 2747
Telephone

Paulette

Work Order # E 20356

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Army of the United States

Honorable Discharge

This is to certify that

T C CALHOUN 38 180 414 Private First Class

865th Port Company

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 this country.

Given at SEPARATION CENTER
Camp Beale California

Date 13 February 1946

D R SMITH
Major MI

E20356

ENLISTED RECORD AND REPORT OF SEPARATION
HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. ARMY SERIAL NO.	3. GRADE	4. ARM OR SERVICE	5. COMPONENT
Calhoun T C	38 180 414	Pfc	T C	AUS

6. ORGANIZATION	7. DATE OF SEPARATION	8. PLACE OF SEPARATION
865th Port Company	13 Feb 46	Sep Gen Camp Beale Calif

9. PERMANENT ADDRESS FOR MAILING PURPOSES	10. DATE OF BIRTH	11. PLACE OF BIRTH
Kern Co PO Box 784 Buttonwillows Calif	19 Dec 18	Wynnewood Okla

12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT	13. COLOR EYES	14. COLOR HAIR	15. HEIGHT	16. WEIGHT	17. NO. DEPENDS
See 9	Brown	Black	5'5"	169 Lbs.	3

18. RACE: WHITE	NEGRO	OTHER (specify)	19. MARITAL STATUS: SINGLE	MARRIED	OTHER (specify)	20. U.S. CITIZEN: YES	NO	21. CIVILIAN OCCUPATION AND NO.
	X		X			X		Construction Worker 9-32.32

MILITARY HISTORY

22. DATE OF INDUCTION	23. DATE OF ENLISTMENT	24. DATE OF ENTRY INTO ACTIVE SERVICE	25. PLACE OF ENTRY INTO SERVICE
22 Jul 42		4 Aug 42	Oklahoma City Okla

SELECTIVE SERVICE DATA	26. REGISTRATION: YES	NO	27. LOCAL B.S. BOARD NO.	28. COUNTY AND STATE	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
	X		1	Garvin Co Okla	Rt 1 Wynnewood Okla

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.	31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.)
Longshoreman 271	Sharpshooter 03 Rifle 23 Aug 44

32. BATTLES AND CAMPAIGNS

Ryukyus GO 40 WD 45

33. DECORATIONS AND CITATIONS

World War II Victory Medal TWX WD 23 Oct 45 Good Conduct Medal
Asiatic Pacific Campaign Medal American Campaign Medal

34. WORKS RECEIVED IN ACTION

None

35. LATEST IMMUNIZATION DATES: SMALLPOX	TYPHOID	TETANUS	OTHER (specify)	36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN: DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
Jul 44	Jun 43	Jul 43	Typh Jun 45	16 May 45	APT	2 Jul 45

37. TOTAL LENGTH OF SERVICE: CONTINENTAL SERVICE YEARS	MONTHS	DAYS	FOREIGN SERVICE YEARS	MONTHS	DAYS	38. HIGHEST GRADE HELD			
2	9	18	0	8	22	Pfc	20 Jan 46	U S	8 Feb 46

39. PRIOR SERVICE

None

40. REASON AND AUTHORITY FOR SEPARATION

Convenience of the Government RR 1-1 (Demobilization) AR 615-365

41. SERVICE SCHOOLS ATTENDED

None

42. EDUCATION (Years): Grammar	High School	College
8	3	0

PAY DATA

43. LONGEVITY FOR PAY PURPOSES: YEARS	MONTHS	DAYS	44. MUSTERING OUT PAY: TOTAL	THIS PAYMENT	45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
3	6	22	$ 300	$ 100	None	$ 9160	[illegible] VIERS Capt FD

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN EIGHTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

48. KIND OF INSURANCE: Nat. Serv.	U.S. Govt.	None	49. NOW PAID: Allotment	Direct to U. S.	50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO: Continue Only	Discontinue
X			X		31 Jan 46		$		X

APPLICATION FOR READJUSTMENT ALLOWANCE
MADE THROUGH Bakersfield #67
STATE Calif
DATE Sep 27 46

54. RIGHT THUMB PRINT

55. REMARKS (This space for completion of above items or entry of other items specified in W.D. Directives)

Lapel Button Issued

ASR Score (2 Sep 45) 46

Inactive Service ERC 22 Jul to 3 Aug 42

56. SIGNATURE OF PERSON BEING SEPARATED

J.C. Calhoun

57. PERSONNEL OFFICER (Type name, grade and organization - signature)

P M LIVINGSTON
1st Lt WAC P. M. Livingston

WD AGO FORM 53-55
1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.

E20356

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

		GILL	X	ATCHISON		
			HALL			

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

Blind Check Initiated By: _____ Date: _____

Interment space for: T. C. CALHOUN

Interment Date: _____ Time: _____

Div: 11 Sect: 1 Blk/Row: ~ Lot: 26 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 _____

E20356

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
T	C	CALHOUN	12/19/1918	08/30/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FRANCES CALHOUN, WIFE 2856 FRANKLIN AVE SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1689	Claudia Ruan	9/7/07

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	09/05/2007	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 9/7/2007	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
D.I.P. 15 Chairs

Date 9-4-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jean M. Kuder Pin 211380

in a T.S. Vault (Type of Burial Container) Funeral, date, time Monday Sept. 10th 10:00

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 11 Section 1 Blk/Row ~ Lot 75 Grave 10

Grave space & Care Fund D-2233	Ø
Overtime/Late Arrival Fees	~
Opening/Closing & Setup	533.-
Burial Container	355.-
Handling Fees	263.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	1,243.51
Paid receipt number AP126738	1,243.51
Balance due	Ø

PAID
SEP - 4 2007
MOUNT HOPE CEMETERY

fax 858-483-4465
COL M068456

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.

231 114

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

X _____ Signature

X Stan Kuder Print Name
X 1937 Hummock Ln Address
X Encinitas 92024 City Zip Code
X 760 942-2856 Telephone

Invoice # _____

Work Order # E 20357

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20357

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Stanley P. Sr. Kuder Dif.

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

	Beauty	Selle	X			
			Phillips			

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Jean M. Kuder

Interment Date: 9-10-07 Time: 10:00 Church

Div: 11 Sect: 1 Blk/Row: _____ Lot: 75 Gr: 10

Grave Laid out by: _____

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 9-5-07

CREMAINS WERE PLACED _____

E20357

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JEAN	MARY ANN	KUDER	12/18/1921	09/03/2007	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	STANLEY KUDER, SON 1937 HUMMOCK LN. ENCINITAS, CA 92024

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-P.B., 4710 CASS ST. SAN DIEGO, CA 92109	FD-815	▶ Carla Ahrer	09/05/2007

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/05/2007	▶ 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 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 REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

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

231112

Date 9-4-07

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

of Samson Dzliev (SEP 12 WED 12:30)

in a Double-Crypt "A" Funeral, date, time

Type of Burial Container

Church, Chapel, Graveside ; MAYER Mortuary.

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

will be applied and billed to undersigned.

Division 10 Section ~ Blk/Row ~ Lot 5020 Grave 1

Grave space & Care Fund	E-14864 <3-9-01>	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	DD Crypt "A"	—
Burial Container		—
Handling Fees		—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees		—
Sales taxes		—
Total Due		—
Paid receipt number	pd	—
Balance due		0

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.

2/5/24 ~~2/5/24~~

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

Asya Minasoya

Print Name

4330 30 St 324

Address

San Diego CA 92104

City Zip Code

Signature

Telephone

Invoice #

Work Order # E 20358

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20358

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot & Inset

Date 2-2-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ASYA - MINASOVA 12:30 SEPT 12 W/GD

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

Church, Chapel, Graveside ; MAYER Mortuary.

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

will be applied and billed to undersigned.

Lot 5020 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	1095.00
Additional spaces and care fund PAID IN	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees FULL	320.00
Flower vases – Marker setting fee	
Recording and filing fee 3-9-01	45.00
Sales taxes	29.45
Total Due	2244.45
Paid receipt number R-50798	1122.00
Balance due	1,122.45

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

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

_____
Signature of recorded holder of deed

X Signature [signature]

X Address 5826 Streamview Dr. #14

X City SAN DIEGO Zip Code CA 92105

X Telephone (619) 582-5361

Invoice # _____

Work Order # E 14864

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20358

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

	BELL		X	RUIZ		

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

Blind Check Initiated By: ____ Date: ____

Interment space for: SAMSON DZIEV

Interment Date: 9-12-07 Time: 12:30

Div: 10 Sect: ____ Blk/Row: ____ Lot: 5020 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Josh Date: 9-10-07

CREMAINS WERE PLACED ____

E20358

MAYER MORTUARY

2859 Adams Avenue
San Diego, CA 92116
(619) 281-7055
FD 1424

Please complete worksheet and fax to Death Certificate Services at (619) 281-7587. If you have any questions, please feel free to contact our office. Thank you for your time.

NAME OF DECEDENT – FIRST: SAMSON	MIDDLE: —			LAST: DZLIEV					
AKA ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST):		DATE OF BIRTH: 9-13-38	AGE Yrs	Months	Days	Hours	Minutes	SEX: M	
BIRTH STATE /FOREIGN COUNTRY: RUSSIA	SOCIAL SECURITY NUMBER: 412-63-1516	EVER IN US ARMED FORCES: ☐ YES ☒ NO ☐ UNK	MARITAL STATUS (at time of death): NM	DATE OF DEATH mm/dd/ccyy:	HOUR (24 hours):				
EDUCATION (Highest level/Degree): SOME COLLEGE	WAS DECEDENT SPANISH/HISPANIC/LATINO? ☐ YES ☒ NO	DECEDENTS RACE – Up to 3 races may be listed: (WHITE)							
USUAL OCCUPATION – Type of work for most of life. NOT RETIRED: CAPTAIN	KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.): RUSSIAN NAVY	YEARS IN OCCUPATION: 25							
DECEDENTS RESIDENCE (Street number or location): 5411 HOLLYWOOD BLVD #627									
CITY: HOLLYWOOD	COUNTY/PROVINCE: LOS ANGELES	ZIP CODE: 90027	YEARS IN COUNTY: 11	STATE/ FOREIGN COUNTRY: CALIFORNIA					
INFORMANTS NAME, RELATIONSHIP: ASYA MINASOVA - GIRL FRIEND	INFORMANTS MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 4330 30th ST #324, SD, CA 92104								
NAME OF SURVIVING SPOUSE – FIRST: —	MIDDLE: —	LAST (Maiden Name): —							
NAME OF FATHER – FIRST: Magomed	MIDDLE: —	LAST: DZLIEV	BIRTH STATE: RUSSIA						
NAME OF MOTHER – FIRST: Vera	MIDDLE: —	LAST (Maiden Name): CHEHOEVA	BIRTH STATE: RUSSIA						
BU	PLACE OF FINAL DISPOSITION OF DECEDENT/CREMAINS: MT HOPE								

E20358

E20358

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

68 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
Samson	–	Dzliev	09/13/1938	08/31/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Hollywood	Los Angeles	Asya Minasoya, Companion 4330 30th Street, #324 San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Avenue San Diego, CA 92116	FD-1424	▶ [signature]	09/10/2007

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	09/10/2007	[signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. Figueroa Street, Room L-1 Los Angeles, CA 90012	3851 Rosecrans Street San Diego, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] 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 9-12-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS 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

At Need

Date 9-4-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tonya Herriott 231095

In a liner #7 (Type of Burial Container) Funeral, date, time Friday Sept. 7 2007 10:00

Church, Chapel, Graveside Bayview ; Ragsdale Joseph Mortuary.

All Funeral cars 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 108 Grave 6

Grave space & Care Fund	2264.- Lot
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.- O/C
Burial Container Dimensions 36.5 L x 33.5 W	312.- b/c
Handling Fees	232.- h/f
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.- r/f
Sales taxes	24.18 tax
Total Due	3435.18
Paid receipt number R-60228	3500.00
Balance due	+64.82

PAID SEP - 6 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 Signature attach

City _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 20359

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20359

(TUE) SEP 4 2007 13:59/ST. 13:59/No. 7500000169 P 1

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 9-4-07

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

in a liner (Typed Metal Container) Funeral, date, time Friday Sept. 7 2007 10:00

Church Chapel, Graveside Bayview ; Ragsdale Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Bit/Row _____ Lot 103 Grave 6

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container Dimensions 85.5 L x 33.5 W	312.-
Handling Fees	237.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	24.18
Total Due	3,435.18

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 to let I hold under deed.

Wonda Travis
Signature

Wonda Travis 231094
Print Name

6965 Paradise Valley Rd #67
Address

S.D 92139
City Zip Code

619-412-1835
Telephone

Invoice # _____

Work Order # E 20359

Acct. # _____

BEA-104 (3-04)

This information is available in alternative formats upon request.

38-

E20359

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø #7 LINER

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

BURIAL CONTAINER Liner #7

			X	Prentiss	Cook	Cook

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Tonya Herriott

Interment Date: Fr. Sept. 7, 2007 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 108 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 _____

E20359

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 36

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TONYA	MONIQUE	HERRIOTT	09/03/1970	08/29/2007	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	ALBERTINE HERRIOTT, MOTHER 6965 PARADISE VALLEY ROAD #67 SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sienika Fryer	09/06/2007

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT 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	09/06/2007	▶ 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 9-7-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Quitclaim Transfer

Date 9-7-07

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

X from Albert R. ARCE TO RALPH MCLONEY BROWN / OR CARMEN VILLA OLGUIN

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 112 Grave 11

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	
Total Due	85.00
Paid receipt number D30949	85.—
Balance due	∅

PAID
SEP - 7 2007
MOUNT HOPE CEMETERY
AP

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

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

X Ralph m Brown
Signature

X RALPH MCLONEY BROWN
Print Name

X 10770 JAMACH BLVD #113
Address

X SPRING VALLEY 91978
City Zip Code

X 619-868-1186
Telephone 619 670-4054

Invoice # _____

Work Order # E 20360

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20360

THE CITY OF SAN DIEGO

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

Date: 9-7-07

I/We ALBERT R. ARCE

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: RALPH MCLONEY BROWN AND/OR CARMEN VILLA OLGUIN
Street Address: 10770 JAMACHA BLVD Apt / Unit #: 113
City: SPRING VALLEY ST: CA Zip-Code: 91978
Telephone #: (619) 869-1186

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

Division: 12 Section: 2" " Blk / Row: " "
Lot(s): 112 Grave(s): 11

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

WITNESS my/our hand this 7th day September 2007

EXECUTED IN THE PRESENNCE OF
THE FOLLOWING WITNESS:

WITNESS — Legal Owner / Representative Signature

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

E20360

CALIFORNIA
DRIVER LICENSE
Y1162367
EXPIRES 09-25-07
CLASS C
ALBERT RUIZ ARCE
741 GARRETT ST
BRAWLEY CA 92227
SEX:M HAIR:GRY EYES:BLK
HT:5-10 WT:195 DOB:09-15-25
RSTR: CORR LENS
10/04/2004 597 09 FD/07

E20360

CALIFORNIA
DRIVER LICENSE
J0319958
EXPIRES 09-07-18
CLASS
RALPH MCLONEY BROWN
PO BX 712
TECATE CA 91980
SEX:M
HAIR:BRN
HT:5-08
WT:190
DOB:09-
RSTR: CORRLENS
08/11/2005 669 42 FD/10

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-17-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HELENA ELIAS 207146 10:00

in a Liner (Type of Burial Container) Funeral, date, time Thursday Sept. 20th

Church, Chapel, Graveside ELCAMINO - SORRENTO Mortuary VIIY.

858-458-6602

All Funeral cars 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 2487 Grave 1

Grave space & Care Fund D-2791 (3-5-1973)	~~0~~
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases - Marker setting fee R-60248 SEP 18 2007	178.-
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	1,094.93
Paid receipt number R-60243	1,094.93
Balance due	0

PAID

MOUNT HOPE CEMETERY

fax 619 553-1195

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

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

X _____ Signature

X CHARLES PETERS Print Name

X 528 S. FREEMAN Address

X OCEANSIDE 92054 City Zip Code

X Charles Peters Telephone

619-553-6409

Invoice # _____

Work Order # E 20361

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20361

MOUNT 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

		ELIAS	X	PETERS		

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

Blind check Initiated by: _____ Date: _____

Interment space for: HELENA ELIAS

Interment Date: Thurs, 9/20 Time: 10:00 Chapel

Div: 10 Sect: _____ Blk/Row: ____ Lot: 2487 Grave: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Kenneth Collins Date 9/12/07

Cremains were placed at: _____ of grave

E20361

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
HELENA	BUTROS	ELIAS	06/30/1915	09/15/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	CHARLES PETERS, NEPHEW 528 S FREEMAN ST OCEANSIDE, CA 92054

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL - SV, 3953 IMPERIAL AVE SAN DIEGO, CA 92121	FD-1260	▶ Lisa Costo	09/18/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/19/2007	▶ 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 9/21/2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Michael J. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

AT - NEED

FRI 21
CHAPEL 11:30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-17-07

231105

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

in a TS-VAULT (Type of Burial Container) Funeral, date, time ~~SEP~~ 21 ~~2:00~~ FRI 11:30 PM

Church, Chapel, Graveside _____ ; CALIF BURIAL Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 238 Grave 7

Grave space & Care Fund	2264.00
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	3507.51
Paid receipt number P00969	3507.51
CHK# 1005 & R60245 Balance due	0

PAID
SEP 17 2007
MOUNT HOPE

Military

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.

231106

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

* Virginia Williams
Signature

* Virginia Williams
Print Name

* 725 Jewell Dr.
Address

* San Diego Cal 92113
City Zip Code

* 619 262-6774
Telephone

Invoice # _____

Work Order # E 20362

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20362

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container TS VAULT

			EUGENE X WILLIAMS			

Flagged **Yes** _____ **No** —

Blind check Initiated by: _____ Date: _____

Interment space for: WILLIAMS, EUGENE

Interment Date: 9-21-07 Time: 2:00 PM

Div: 12 Sect: 2 Blk/Row: ____ Lot: 238 Grave: 7

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

E20362

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EUGENE	-	WILLIAMS	05/26/1922	09/16/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	VIRGINIA WILLIAMS, WIFE 725 JEWELL DR. 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	▶	

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/19/2007	▶ 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 9-27-07	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 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 9-10-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pearlie M. Horne 231142

in a Liner (Type of Burial Container) Funeral, date, time Friday Sept. 14 1:00

Church (Chapel) Graveside ~~[illegible]~~ ; 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 13 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-60236	1600.—
Balance due	79.47

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

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

Signature

231101

Donna Carter
Print Name

125 Playa Del Rey Ave
Address

Oceanside CA 92058
City Zip Code

760-757-1248
Telephone

Invoice # _____

Work Order # E 20363

REA-104 (3-04) 2nd notice mailed 9/26/07 This information is available in alternative formats upon request.

Printed on recycled paper

Letter to Donna Carter for $79.47

E20363

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: Pearlie M Horn

Address: 5330 Orange Ave #8A

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) $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.

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 [signature] x niece x 9/10/07

Signature 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 Doucette 9/10/07

Approved by Date

Current SDHC award letter Documents verified on: 9/10/07

Approved By [signature]

Date 9/10/07

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

San Diego
HOUSING COMMISSION

- San Diego, California 92101-5612
- 619-231-9400
- FAX: 619-578-7371
- www.sdhc.net

E20363

Rent Portion Letter - Preliminary: Tenant

July 24, 2007

Pearlie M Horn
5330 ORANGE AVE 8A
SAN DIEGO CA 92115

Pending:
- ☒ **Passed Inspection**
- ☐ **Approval of Rent Increase**
- ☐ **Signed Lease and HAP Contract**
- ☐ _____
- ☐ _____

Effective: **October 01, 2007**

The total contract rent is:	695.00
The Housing Commission will pay:	469.00
Your portion of the rent is:	226.00

YOUR SHARE OF THE RENT WAS COMPUTED AS FOLLOWS:

Your total family gross annual income:	10,272.00
Minus HUD approved allowances and/or deductions:	400.00
Equals Adjusted Yearly Income:	9,872.00

Your rent share is based on 30% of your income, less HUD approved family deductions and allowances (including utility allowance). If your rent and utility allowance exceed the payment standard, you will be responsible for paying more than 30% of your adjusted income.

If you have a question, contact the Housing Assistant at: (619) 578-7777

Sds8-1000.rpt n4

Charmen Jackson

E20363

CALIFORNIA
SENIOR CITIZEN IDENTIFICATION CARD
B4992157
PEARLIE MAE HORNE
4539 LOGAN AVE A
SAN DIEGO CA 92113
SEX:F HAIR:GRY
HT:5-04 WT:235 DOB:03-28-30
07/02/2003 S06 C7 F0/13

E20363

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

	HENRY		X			
	KOON TR					

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Pearlie M Horne

Interment Date: 9-14-07 Time: 1:00

Div: 11 Sect: 2 Blk/Row: _____ Lot: 13 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 _____

E20363

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

77 yrs

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PEARLIE	MAE	HORNE	03/28/1930	09/06/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DONNA CARTER, NIECE 125 PLAYA DEL REY AVE. OCEANSIDE, CA 92058

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	Victoria Mitchell	9/12/07

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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	09/12/2007	WILMA WOOTEN, MD

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 9/14/2007	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.)

E20363

PEARLIE HORNE

Contract Number: E-20363 | Contract Date: 09/10/2007 | Department: 01 | Contract Status: AC

Purchaser PIN: 231101 | Carter, Donna

Beneficiary:

Header | Contract Items | Property | Financials | Notes/Links

Item Description	Quantity	Comm	Ext. Price	Trust
Div 11-3(0) SD Resident	1	Z	$1,132.00	$226.40
Single O/C SD Resident	1	Z	$366.50	$0.00
Liner Bndl SD Resident	1	Z	$103.00	$0.00
Recording Fee SD Resident	1	Z	$32.50	$0.00
#5 Liner SD Resident	1	Z	$135.00	$0.00

Total Price: $1,659.47

OWES $79.47 9-14-07

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 09-1007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rashi M. Foster 23 1/12 4 mos. 1:00

in a _____ (Type of Burial Container) Funeral, date, time Friday Sept. 14

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 9 Section 1 Blk/Row ~ Lot 3790 Grave 1

Grave space & Care Fund	142.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.-
Burial Container Size 14 W x 32.5 L x 11 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 60234 MONEY ORDER	527.67
Balance due	-0-

PAID SEP 11 2007 MOUNT HOPE CEMETERY

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

23 yr old

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

X Nicashia Williams
Signature

X Nicashia S. Williams
Print Name

X 3787 E Street Apt 208
Address

X San Diego CA 92102
City Zip Code

X 619-534-1977
Telephone

Invoice # _____

Work Order # E 20364

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20364

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			
	MEN Plot					

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

Blind Check Initialed By: _____ Date: _____

Interment space for: _____

Interment Date: Friday Sept 14 Time: _____

Div: 9 Sect: 1 Blk/Row: _____ Lot: 3790 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 _____

E20364

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

4 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
RASHI	MICHAEL	FOSTER JR.	04/26/2007	09/05/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	NICOSHIA WILLIAMS, MOTHER 2787 E ST. #208 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 issuing permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	[signature]	9/14/07

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

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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	09/12/2007	WILMA WOOTEN, MD

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY,3751 MARKET ST.,SAN DIEGO,CA 92102-	11B. DATE BURIED 9-14-2007	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.)

E20365

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
NR

Date 09/12/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hiizu Uyeji 2007

in a Ash Vault (Type of Burial Container) Funeral, date, time September 22, 10:00

Church Chapel, Graveside ; Family (Community) Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 11 Blk/Row _____ Lot 130 Grave 2

Grave space & Care Fund	E-4518	✓
Overtime/Late Arrival Fees	SATURDAY FEE	396-
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		906.06
Paid receipt number	R-60835	906.06
Balance due		Ø

PAID
SEP 12 2007
MOUNT HOPE

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

231110

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

Sheila K. Yagura
Signature

Sheila Yagura
Print Name

2855 Ariane Dr.
Address

San Diego, CA. 92117
City Zip Code

858-274-3258
Telephone

Paulette
Work Order # E 20365

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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
HIIZU	-	UYEJI	11/24/1917	09/07/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KIMYO UYEJI, SPOUSE 119 S BELMONT AVENUE NATIONAL CITY, CA 91950

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

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.	▶	9/11/07

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 ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	09/11/2007	▶ 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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY SAN DIEGO CA 92102	11B. DATE BURIED 9-22-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC 2570 FORTUNE WAY VISTA CA 92083	12B. DATE CREMATED 9/13/07	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ fW Schuck	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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, 7118, 7117, AND 103060.

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

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

E2035

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

~~pre-need~~ Lot/Trust

Date 9-12-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Alice Robbins 231108

in a Top Seal Vault (Type of Burial Container) Funeral, date, time Friday Sept. 21 11:00

Church, Chapel, Graveside _____ : WMS San Diego Memorial Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 9 Grave 6

Grave space & Care Fund	1,132.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	355.00
Handling Fees	131.50
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	13.76
Total Due	1,931.26
Paid receipt number Visa 865446	1000.-
UC 077292	931.26
Balance due	131.26
	800.-
	800.-
	R-60240 Ø

PAID SEP 17 2007 MOUNT HOPE CEMETERY

I hereby certify I am the X companion 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.

231107

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

X Lee Van Easter
Signature

X LEE EASTER
Print Name

X 2344 altadena. av.
Address

X SD. CA. 92105
City Zip Code

X 619-263-9293
Telephone

Fax 692-0896

Invoice # _____

Work Order # E 20366

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

LOW INCOME

Printed on recycled paper

E20366

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: Alice Robbins

Address: 5222 Churchward 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) $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.

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.

Eunice Murphy — Signature; sister — Relationship; September 17, 2007 — Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Approved by — 9/17/07 Date

Current 551 Docs/Sec 8 Documents verified on: 9/17/07

Approved By

Date 9/17/07

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

DIVERSITY

E20366

Voucher
Housing Choice Voucher Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB No. 2577-0169
(exp. 07/31/2007)

Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

Please read **entire** document before completing form Fill in all blanks below. Type or print clearly.	Voucher Number **900023755**
1. Insert **unit size** in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)	1. Unit Size **2**
2. **Date Voucher Issued (mm/dd/yyyy)** Insert actual date the Voucher is issued to the Family.	2. Issue Date (mm/dd/yyyy) **01/30/2007**
3. **Date Voucher Expires (mm/dd/yyyy)** Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)	3. Expiration Date (mm/dd/yyyy) **05/30/2007**
4. **Date Extension Expires** (if applicable)(mm/dd/yyyy) (See Section 6. of this form)	4. Date Extension Expires (mm/dd/yyyy)

5. Name of Family Representative	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)
ALICE R ROBBINS		

7. Name of Public Housing Agency (PHA)

San Diego Housing Commission

8. Name and Title of PHA Official	9. Signature of PHA Official	Date Signed (mm/dd/yyyy)
Damaris Carrillo		1/30/07

1. Housing Choice Voucher Program

A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.

B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

2. Voucher

A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.

B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.

C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

3. PHA Approval or Disapproval of Unit or Lease

A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (on the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. **Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.**

B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.

C. The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provisions of the HUD tenancy addendum shall control.

*** REC 2007085 152212 H93121E0 F2WI CIPQYAB PQAB (F-DRB) ***

E20366

SOCIAL SECURITY ADMINISTRATION

Date: March 26, 2007
Claim Number: 550-11-5923DI

ALICE R ROBBINS
434 36TH ST
SAN DIEGO CA 92102-4441

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.)

*** REC 2007085 152326 H93121E0 F2WI CIPQYAB PQAB (F-DRB) ***

E20366

SOCIAL SECURITY ADMINISTRATION

Date: March 26, 2007
Claim Number: 549-62-1765C2

ALICE ROBBINS FOR
LEEANNA I EASTER
434 36TH ST
SAN DIEGO CA 92102-4441

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 regular monthly
Social Security payment is.....$ 204.00

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

E20366

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

48

1A. NAME OF 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	RUTH	ROBBINS	03/25/1959	09/16/2007	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	EUNICE MURPHY, SISTER 3102 ALTADENA AVE 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
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575	▶ [signature]	09/18/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	09/18/2007	▶ 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 9-21-07	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.)

E20367

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

N.R.

Date 9-12-07

211255

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES KONDO w/NANCY KONDO 167649

in a ASH VAULT (Type of Burial Container) Funeral, date, time Thurs Sept 20 11:00

Church, Chapel, Graveside ; COMMUNITY Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section ____ Blk/Row ____ Lot 5261 Grave L

Grave space & Care Fund 1948	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 AP 682168 R-60246	510.06
Balance due	0

PAID

SEP 19 2007

MOUNT HOPE CEMETERY

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

231103

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

Signature: Mildred Kawasaki

Print Name: MILDRED KAWASAKI

Address: 3336 KENNELWORTH LN

City: BONITA Zip Code: CA. 91902

Telephone: 619 4794072

Invoice # _____

Work Order # E 20367

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20367

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH NANCY Kondo

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

		REDBERG	X	OSAKI		

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: James Kondo

Interment Date: 9/20/07 Time: 11:00 a.m.

Div: 10 Sect: _____ Blk/Row: _____ Lot: 5261 Grave: 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 at: MIDDLE of grave

E20367

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

93

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAMES	K	KONDO	07/18/1914	09/10/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
BONITA	SAN DIEGO	MILDRED KAWASAKI, DPOA 3336 KENNELWORTH LANE BONITA, CA 91902

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]	09/11/07

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	09/11/2007	▶ 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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO CA 92102	11B. DATE BURIED 9-20-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC 2570 FORTUNE WAY VISTA CA 92083	12B. DATE CREMATED 9/13/07	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ S W Schenk	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 9-14-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pary Yahzapoor 231097

in a Slab (Type of Burial Container) Funeral, date, time Mon. Sept. 17, 1:30

Church, Chapel, Graveside: Bishop Mortuary, Owen

All Funeral cars 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 152 Grave 1

Grave space & Care Fund E-16919 <2-15-02>	—
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-60237	720.84
Balance due	Ø

PAID

SEP 17 2007

MOUNT HOPE CEMETERY

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.

231096

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

X _____ Signature

X Mozghan Yahiapour Print Name

X 1236 1/2 25th st Address

S. M CA 90404 City Zip Code

310-892-3434 Telephone

Invoice # _____

Work Order # E 20368

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20368

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Slab

	SAMII	SAMIEI				
			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Par Yahzapoor

Interment Date: _____ Time: _____

Div: Musl Sect: _____ Blk/Row: ____ Lot: 152 Grave: 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 at: _____ of grave

E20368

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 9-14-07 (9:10 am)

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

[ ] MORTUARY NAME: ?

[X] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: Shima daughter

TELEPHONE NO: 760-440-0477

Cell 760-877-7125

NAME OF DECEASED:

LAST NAME: Yahzapoor

FIRST NAME: Pary

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: [X] A/N [ ] P/N [ ] P/N TRUST

DIV: Muslim SECT: BLK/ROW: LOT 152 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: Other daughter: Kathy Pursal 858 444-6659

Washer + or friend Azam 858-231-9192

E20368

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
PARY	-	YAHIAPOOR	08/31/1938	09/13/2007 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	SHIMA COODY-POSEY, DAUGHTER 1701 LABREA STREET #4-E RAMONA, CA 92065-2280

7A. TYPED NAME AND ADDRESS OF 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 [illegible]	09/17/2007

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	09/17/2007	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 TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-17-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Michael J. [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

Date 9-14-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Yew 231111

In a Wilber Vault (Type of Burial Container) Funeral, date, time Saturday Sept. 22 2:00

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 ~~Chime~~ 11 Section I Blk/Row 11 Lot _____ Grave 4

Grave space & Care Fund D-8555 11-16-1977 0

Overtime/Late Arrival Fees SAT FEE 851.00

Opening/Closing & Setup 533.00

~~Burial Container~~

~~Handling Fees~~

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees 65.00

~~Sales taxes~~

PAID

SEP 17 2007

MOUNT HOPE CEMETERY

Total Due 1499.00

Paid receipt number R60241 1499.00

CHK #2365 Balance due 0

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

228484

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

Signature: Sally Wong-Berry

Print Name: Sally Wong-Berry

Address: 261 S. W. Canyon Ave

City: San Diego Zip Code: 92123

Telephone: (619) 987-8248

Invoice # _____

Work Order # E 20369

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E 20369

y A. Cole
ey At Law
ry Place, Suite 11
alifornia 92025-3836

Mrs. Margaret Tsui Yew
5340 Limerick Avenue
San Diego, CA 92117

E20367

MOUNT 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 Wilber Vault

		TieT	X	Tusi		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Margaret Yew

Interment Date: Sat 9/22/07 Time: 2:00pm Chapel

Div: Chinese Sect: I Blk/Row: 11 Lot: — Grave: 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 at: _____ of grave

E20367

81

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARGARET	TSUI	YEW	12/28/1925	09/13/2007	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	SALLY WONG AVERY, NIECE 2618 W. CANYON AVENUE SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE PO BOX 88 SAN DIEGO, CA 92112	FD843	▶ [signature]	09/18/2007

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	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	09/19/2007	▶ 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
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 9-22-07	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.)

E20370

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/17/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eutiquio Galvan Alvarado 231135

in a DD Crypt 1ST (Type of Burial Container) Funeral, date, time FRI SEP 21 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 128 Grave 12

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	3,896.77
Paid receipt number R-60239	3,896.77
Balance due	0

PAID
SEP 17 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.

231134

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

Gumaro Galvan
Signature

Gumaro Galvan
Print Name
4136 Aragon DR.
Address
San Diego CA 92115
City Zip Code
(619) 992 7691
Telephone

Invoice # _____

Work Order # E 20370

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20370

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container DD crypt 1st

		RUIZ	X	MCPHATTER		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Eutiquio Galvan Alvarado

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 128 Grave: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Kenneth [illegible] Date 9/17/07

Cremains were placed at: _____ of grave

E20370

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
EUTIQUIO	ALVARADO	GALVAN	12/20/1938	09/15/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP OF INFORMANT
PEORIA	MARUCOPA	MARCOS GALVAN-SON 7128 WEST BECKER LANE PEORIA,AZ.85345

7A. TYPED 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
GUADALUPANA MORTUARY,2601 IMPERIAL AVE. SAN DIEGO,CA.92102	FD-1425	▶ David Ayon	09/20/2007

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	DAVID AYON 09/20/2007	2701467 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO,CA.92102	11B. DATE BURIED 9/21/2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Michael J. [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.

PRE NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-17-07

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

in a PRE NEED LOT/TRUST (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 238 Grave 8

Grave space & Care Fund	2264.00
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	3507.51
Paid receipt number P009169	3507.51
Chk # 1005 & P009178 Balance due	-0-

PAID SEP 17 2007 MOUNT HOPE CEME

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.

231106

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

x Virginia Williams
Signature

Virginia Williams
Print Name

725 Jewell Dr.
Address

San Diego Cal. 92113
City Zip Code

619 262-6774
Telephone

Invoice # _____

Work Order # E 20371

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20371

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20371 DATE: 10/3/2007

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: Virginia Williams and their heirs

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

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 238 GRAVE(s): 8
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

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

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

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

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 3rd day of October, 2007.

Signature / Date

Cemetery Manager

DIVERSITY BRINGS US ALL TOGETHER

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need N.R.

Date 9-18-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Warren L. Bostick 231204

In a ASH VAULT (Type of Burial Container) Funeral, date, time Service Nov. 3 10:30 Chapel

Church, Chapel (Graveside) Sierra View Fun. Mortuary. 916-481-1515

All Funeral cars 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 H Blk/Row ~ Lot 6 Grave 4

Grave space & Care Fund D-2717 <12-26-1918>	Ø
Overtime/Late Arrival Fees Sat fee	396.-
Opening/Closing & Setup See = E-20373	—
Burial Container	104.-
Handling Fees	114.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	8.06
Total	707.06
Paid receipt number A0025170	707.06
Balance due	Ø

PAID
OCT 29 2007
MOUNT HOPE CEMETERY

fax 916-481-2732
fax 916-645-1805

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

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

X
Signature

X
Print Name

X
Address

X
City Zip Code

Telephone

See attached

Invoice # _____

Work Order # E 20372

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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5

MT. HOPE CEMETERY

INTERMENT ORDER

E 20372

City of San Diego

At need

Date 9-18-07

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

of Warren L. Bostick ⊗

in a ASH VAULT (Type of Burial Container) Funeral date, time Service Nov. 3

Church, Chapel, Graveside Sierra View Fun. Ch Mor 916-481-1515

All Funeral cars 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 H Blk/Row ~ Lot 6 Grave 4

Grave space & Care Fund	D-2717 <12-26-1918>	0
Overtime/Late Arrival Fees	Sat fee	396.
Opening/Closing & Setup	See = E-20373	—
Burial Container		104.
Handling Fees		114.
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		85
Sales taxes		8.
		707.
Paid receipt number	AP025170	707.
	Balance due	0

PAID
OCT 29 2007
MOUNT HOPE CEMETERY

fax 916-481-2732
fax 916-648-1405

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

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

X [signature]
Signature

X BRUCE H. BOSTICK
First Name

X 850 WIXFORD WAY
Address

X SACRAMENTO CA 95
City

X 916 359 8503
Telephone

Invoice # ____

Acct. # ____

Work Order # E 20372

REA-104 (3-84)

This information is available in alternative formats upon re

(MOH) OCT 23 2007 8:31/ST. 8:30/No. 7800000289 P 1

E20372

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WARREN	LITHGOW	BOSTICK	07/28/1914	03/18/2006	M

5A. CITY OF DEATH: CARMICHAEL

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: SACRAMENTO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP OF INFORMANT: BRUCE BOSTICK SON
850 WIXFORD WAY
SACRAMENTO, CA 95864

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
SIERRA VIEW FUNERAL CHAPEL & CREMATORY INC
6201 FAIR OAKS BLVD, CARMICHAEL, CA 95608

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-924

8A. SIGNATURE OF APPLICANT — Person taking permit: ▶ [signature]

8B. DATE SIGNED: 09/06/2007

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: $ 11.00

9B. DATE PERMIT ISSUED: R. GONZALES 09/06/2007

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ FAX AUTHO# 3997

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA
7001 EAST PARKWAY #650
SACRAMENTO, CA 95823

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
3851 ROSECRANS STREET
SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-03-07	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

City of San Diego

At Need

Date 9-18-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Virginia L. Bostick ⊗ 231203

in a ash vault (Type of Burial Container) Funeral, date, time Service Nov 3 10:30

Church, Chapel, Graveside ____ : Serra Mesa Fun. Chapel Mortuary.

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

will be applied and billed to undersigned ____

Division Mason Section H Blk/Row ~ Lot 6 Grave 4

Grave space & Care Fund ..... D-2717 (12-26-1918) ⊗

Overtime/Late Arrival Fees ..... —

Opening/Closing & Setup ..... 199.—

Burial Container ..... 104.—

Handling Fees ..... 114.—

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

Recording/Filing/Transfer Fees ..... 85.—

Sales taxes 8.06

Total Due 510.06

Paid receipt number AP 025170 510.06

Balance due ⊗

PAID
OCT 29 2007
MOUNT HOPE CEMETERY

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

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

X ____
Signature

X ____
Print Name

X ____
Address

X ____
City Zip Code

X ____
Telephone

See Attached

Invoice # ____

Work Order # E 20373

Acct. # ____

REA-104 (3-04)

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OCT-29-07 10:35 AM ACE MANAGEMENT 9163598504 P.01
(MON) OCT 29 2007 9:01/ST. 9:00/No. 7500000288 P 2

MT. HOPE CEMETERY

INTERMENT ORDER

E20373

City of San Diego

At Need

Date 9-18-07

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

of Virginia L. Bostick

in a Ash Vault (Type of Burial Container) Funeral, date, time Service Nov 3

Church, Chapel, Graveside Serra Lew Fun Chapel Mortu

All Funeral cars 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 H Blk/Row ~ Lot 6 Grave 4

Grave space & Care Fund D-2717 (12-26-1918)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.-
Burial Container	104.-
Handling Fees	114.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	8.0
Total Due	510.0
Paid receipt number Ap 025170	510
Balance due	Ø

PAID
OCT 29 2007
MOUNT HOPE CEMETERY

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

231202

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

Bruce H. Bostick

X Bruce H. Bostick
Print Name
X 850 Wixford Way
Address
X Sacramento, Ca 9586
City Zip
X 916 359 8503
Telephone

Invoice #

Work Order # E 20373

Acct. #

REN-104 (3-04)

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E20373

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH John B. Bostick ✿ Barbara Bostick

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

Burial Container (2) ASH VAULTS

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Warren L. Bostick ✿ Virginia L. Bostick ✿

Interment Date: _____ Time: _____

Div: MAS Sect: H Blk/Row: ____ Lot: 6 Grave: 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 at: _____ of grave

E20373

17695

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
VIRGINIA	L	BOSTICK	02/24/1916	08/29/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CARMICHAEL	SACRAMENTO	BRUCE BOSTICK, SON 850 WIXFORD WAY SACRAMENTO, CA 95864

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
SIERRA VIEW FUNERAL CHAPEL AND CREMATORY, INC., 6201 FAIR OAKS BLVD CARMICHAEL, CA	FD924	▶ [signature]	08/26/2007

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	09/06/2007	▶ GLENNAH I TROCHET, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SACRAMENTO HEALTH DEPARTMENT 7001 EAST PARKWAY, SUITE 600 SACRAMENTO, CA 95823	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
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 11-3-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SIERRA VIEW CREMATORY 6201 FAIR OAKS BLVD CARMICHAEL CA 95608	12B. DATE CREMATED 09/07/2007	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.)***

Quit claim

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/18/07

231099

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earl B. Patterson ⊗ at future time

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 977 Grave 1

PAID

SEP 18 2007

MOUNT HOPE CEMETERY

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	
Total Due	65.00
Paid receipt number R- 60244	-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

See attached
Print Name

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 20374

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

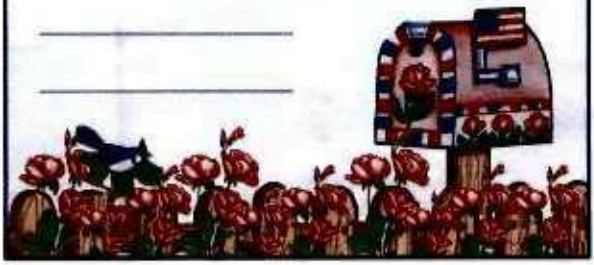
E20374

Mr. Earl B. Patterson

H. Maria

This check in the amount of 65.00 is for the opening of my Dad's plot. If you need any more inf. Call me at 858-275-1938

Thanks



E20374

THE CITY OF SAN DIEGO

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

Date:

I/We See attached

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Earl B. Patterson
Street Address: 8921 Gramercy Dr. Apt / Unit #:
City: San Diego ST: CA Zip-Code: 92123
Telephone #: (858) 279-1998

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

Division: 8 Section: "3" Blk / Row: " "
Lot(s): 977 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 14 day Sept 2007

EXECUTED IN THE PRESENNCE OF
THE FOLLOWING WITNESS:

WITNESS — See attached
Legal Owner / Representative Signature

WITNESS — Earl B. Patterson
Legal Owner / Representative Signature

Paulette Crawford
CEMETERY REPRESENTATIVE NAME — Maria G. Downey
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

6-19-07
E20374

I Catherine M. Robbins (Patterson) herby Transfer ownership of Lot 977 Sec. 3 Div 8 at Mount Hope Cemetery, To My Son

Earl B. Patterson - located at
8921 Gramercy Drive
San Diego, Ca. 92123
858-279-1938

sign Catherine Robbins

NOTARY Mary Ricketts

E20374

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of Yolo } ss.

On Agust 7/2007 (Date), before me, Diane M Cecchettini, Notary Public (Name and Title of Officer (e.g. "Jane Doe, Notary Public"))

personally appeared Catherine Margaret Robbins (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.

DIANE M. CECCHETTINI
COMM. #1587342
NOTARY PUBLIC • CALIFORNIA
YOLO COUNTY
Comm. Exp. JUNE 22, 2009

WITNESS my hand and official seal.

Diane Cecchettini
Signature of Notary Public

Place Notary Seal Above

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: Statement To Transfer ownership of Lott 977 sec 3 Div 8 of Mount Hope Cemetery

Document Date: 10-19-07 Number of Pages: 1

Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer

Signer's Name: Catherine Margaret Robbins

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

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

© 1999 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chatsworth, CA 91313-2402 • www.nationalnotary.org Prod. No. 5907 Reorder: Call Toll-Free 1-800-876-6827

6 Chairs please
Family will bring Ashes

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/19/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel M. Denny & 207572

in a Ash Vault (Type of Burial Container) Funeral, date, time Friday, Sept. 21 @ 10:00

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 7 Section 1 Blk/Row _____ Lot 53 Grave 3 (d)

Grave space & Care Fund 5/1935	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 P-00934	384.12
Balance due	0

PAID SEP 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.

231141

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

Signature

DAVID D. DENNY
Print Name

4053 N. PEACH # 264
Address

FRESNO CA 93727
City Zip Code

559-294-7606
Telephone

Invoice # _____

Work Order # E 20375

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

DP # 382/532

Printed on recycled paper

E20375

OFFICIAL RECEIPT

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

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

P0095

Date: August 16, 2007

From: Ethel M. Denny Address: 4105 54th Place No. 302 SD Ca 9

Three hundred Eighty-four and 12/00 Dollars ($ 384.12)

in Full Payment of Pre-need for Ethel M Denny Services

Div 7 Sec 1 Blk/Row Lot 53 Grave 3

Invoice No.

Acct. No.

W.O.

BALANCE DUE Ø

☐ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check (a)2

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

PAID

AUG 16 2007

MOUNT HOPE CEMETERY

ISSUED BY Paul [illegible] C.

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	384	12
Trust	77186		
TOTAL PAID	$	384	12

AC-212 (11-05)

This information is available in alternative formats upon request.

E 20375

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Alvin C Denny & George Denny

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

		Nichols	E. Denny X	EDMONDS		

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Ethel M. Denny

Interment Date: 09/21/07 Time: 10:00 am

Div: 7 Sect: 1 Blk/Row: ____ Lot: 53 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 _____

94 E20375

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

9550-03

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARTHA	ETHEL	DENNY	11/28/1912	08/21/2007	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	GEORGE A DENNY, SON 2500 S. CANNES DRIVE CEDAR PARK, TX 78613

7A. TYPED NAME AND ADDRESS OF 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 Kaplan	08/23/2007

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	08/23/2007	▶ WILMA WOOTEN, MD

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

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
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 9-21-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fenner	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIF CREMATORY: 601-D CRANE STREET, LAKE ELSINORE, CA 92530	12B. DATE CREMATED 8-30-07	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

ARRIVAL TIME 3:08

Date 9/20/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sheila M. Smith 231137

In a Liner (Type of Burial Container) Funeral, date, time Thurs Sept 27

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 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 Amount Due	1,679.47
Paid receipt number R-60250	1,679.47
Balance due	Ø

PAID
SEP 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.

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

Signature: Ronald Lewis

Print Name: RONALD LEWIS 231136

Address: 3727 NEWHALEM ST.

City: ATLANTA GA Zip Code: 30331

Telephone: 404-886-2539

Invoice # _____

Work Order # E 20376

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

LOW-INCOME

E20376

BMP 1

1 03 0755 BMP
HOME INSTEAD SENIOR CARE
4909 MURPHY CANYON ROAD
SUITE 500
SAN DIEGO, CA 92123

Earnings Statement

ADP EASYPAY

Pay Period: 10/16/2006 to 10/31/2006
Pay Date: 11/08/2006

Employee Number: 0755
Department Number: 03
Social Security Number: XXX-XX-5973
Marital Status: SINGLE
Number Of Allowances: 01
Rate:

SHEILA M SMITH
382 S. MEADOWBROOK
APT. H
SAN DIEGO, CA 92114

11,478.95/10
= 1,147.9
x 12
13,774.74

Hours and Earnings			
Description	Hours	This Period	Year-To-Date
CG PAY		595.00	11478.95

Taxes and Deductions		
Description	This Period	Year-To-Date
FICA	45.52	878.14
FED WT	36.75	643.90
CA ST	2.93	44.05
CA DIS	4.76	91.83

Gross Pay Year To Date	Gross Pay This Period	Total Deductions This Period	Net Pay This Period
$11,478.95	$595.00	$89.96	$505.04

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

HOME INSTEAD SENIOR CARE
4909 MURPHY CANYON ROAD
SUITE 500
SAN DIEGO, CA 92123

DEPOSIT
Check Date: 11/08/2006

$505.04 DEPOSIT TO BANK# 121042882 CHK ACCT# 5992289529

Pay To The Order Of

1 03 0755 BMP
SHEILA M SMITH
382 S. MEADOWBROOK
APT. H
SAN DIEGO, CA 92114

Payment Amount $505.04

****VOID********VOID****

THIS IS NOT A CHECK

VOUCHER ONLY - NON NEGOTIABLE

Lease Amendment
Meadowbrook Apartments I & II
(619) 479-6565

Contract Rent: $1083.00
Total Tenant Payment: $25.00
Utility Allowance: $65.00
Tenant Rent: $25.00
Assistance Payment: $1123.00
Effective Date: 4/1/2007

April 5, 2007

Sheila Smith (48H)
382 S. Meadowbrook Dr. Apt H
San Diego, CA 92114

Dear Sheila Smith:

This is to notify you that on the basis of our recent review of your income and family composition, your rent has been adjusted as indicated. This new rent is effective on the "Effective Date" shown above. This notification amends Paragraph 3 of your lease agreement which sets forth the amount of rent you pay each month.

You should substitute this form HUD 50059 in place of the form 50059 previously attached to your lease. This form shows you the income we used to calculate your new rent and the amount of rental assistance, if any, that HUD pays on your behalf.

For this reason, **you must come to the rental office within three (3) business days of receiving this letter and sign the required forms**. Failure to comply will result in your rent being raised to the HUD-approved Fair Market Rent.

You may call our Rental Office if you wish to schedule a meeting to discuss this change. Thank you for your cooperation.

Sincerely,

Minnie G. Robinson
Property Manager

Please note: If you fail to come into the rental office and sign your Lease Amendment and the HUD form 50059 within three days of this letter, rent will be raised to the contract rent shown above.

Please Come to the Office to Sign

Meadowbrook Apartments does not discriminate on the basis of disability status in the admission of or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).
Minnie G. Robinson, Manager
7844 Paradise Valley Rd.
San Diego, CA 92139
Phone: (619) 479-6565 TDD: (800) 545-1833 Ext. 444

E20376

Guidelines
Mt. Hope Low-Income Fee Waiver (Effective July 2007)

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 2005 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

Size of Family	Annual Income
1	$14,400
2	$23,590
3	$32,390
4	$39.980
5	$47,180
6	$55,180
More than 6	Each additional member add $ 8,000

$13,774.74

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 is intended for "At Need" services only.

E20376

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: SHEILA M. SMITH

Address: 382 S. MEADOWBROOK DR APT. H (48H)

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
X	(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.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Signature: Ronald Brown Relationship: BROTHER Date: 19 SEPT 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: [signature] Date: 9/20/07

Current Earning Statement / HUD 50059 Documents verified on: 9/20/07

Approved By CM

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

E20376

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

			X		LOPEZ	

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

Blind check Initiated by: _____ Date: _____

Interment space for: Sheila M. Smith

Interment Date: 9/27/07 Time: _____

Div: 11 Sect: 2 Blk/Row: ____ Lot: 13 Grave: 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 at: _____ of grave

E20376

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHEILA	M.	SMITH	06/23/1956	09/16/2007 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	RONALD LEWIS, BROTHER 3727 NEWHALEM ST ATLANTA, GA 30331

7A. TYPED NAME AND ADDRESS OF 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	09/24/2007

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	09/24/2007	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 9-27-07	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 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 9/21/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Eufemia Orozco 221139

in a TS VAULT (Type of Burial Container) Funeral, date, time Friday, Sept 28 @ 10:00

Church, Chapel, Graveside _____ ; El Camino/Cypress Mortuary.

All Funeral cars 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 1 Blk/Row _____ Lot 10 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
Paid receipt number 9R-60256	3,507.51
Balance due	-0-

PAID
SEP 26 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 Benjamin Mota (Signature)

231138

Benjamin Mota (Print Name)

36600 Ranch House St (Address)

Murrieta CA 92563 (City, Zip Code)

760-644-7718 (Telephone)

Invoice # _____

Work Order # E 20377

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20377

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container TS Vault

			X	Fisher		
	Donalson					

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

Blind check Initiated by: _____ Date: _____

Interment space for: Maria Eufemia Orozco

Interment Date: _____ Time: _____

Div: 6 Sect: 1 Blk/Row: ____ Lot: 10 Grave: 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: _____ of grave

E20377

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

98

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA	EUFEMIA	OROZCO	03/20/1909	09/20/2007	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	BENJAMIN MOTA, SON 36600 RANCH HOUSE ST MURRIETA, CA 92563

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-IMPERIAL AVE, 3953 IMPERIAL AVE SAN DIEGO, CA 92113	FD-670	▶ Lisa Castro	9/27/2007

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	09/27/2007	▶ 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 9-27-07	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 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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E20377

fax

AZTEC MEMORIALS

15865 E. Gale Ave. Ste. A Hacienda Heights CA 91745

FROM: Manny

TEL#: (626) 333-0950

FAX#: (626) 336-0490

To: Tom

Company: Mount. Hope Cemetery

Dept:

Tel:

Fax: (619) 527-3403

Date: 12/19/07 **Page:** 1 of 2

Regarding: Single Monument

W06184
5/16/08
FDN

NOTES: Hi, tom, I need to know if this size monument will be ok to use for Maria Eufemia Orozco in Div. 6 Sec. 1 Lot 10 Grave 12. Call or fax answer

thank you

Manny

ACORD. CERTIFICATE OF LIABILITY INSURANCE

OP ID TB AETEC15 | DATE (MM/DD/YYYY) 07/28/08

PRODUCER
NorthWest Insurance Agency-NWC
Agency License #0580581
PO Box 1180, 418 B Street
Santa Rosa CA 95402-1180
Phone: 888-693-7892 Fax: 707-577-7595

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.

INSURED
Aztec Memorials
Manuel Armienta
15865 East Gale Ave.
Hacienda Heights CA 91745

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Evanston Insurance Company	
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 X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	CP041200513	07/14/08	07/14/09	EACH OCCURRENCE	$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
						MED EXP (Any one person)	$1,000
						PERSONAL & ADV INJURY	$1,000,000
						GENERAL AGGREGATE	$1,000,000
						PRODUCTS - COMP/OP AGG	$1,000,000
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE	$
						AGGREGATE	$
							$
							$
							$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER	
						E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

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

****** PROOF OF INSURANCE ONLY ******

CERTIFICATE HOLDER

INSURED

Insured's Copy

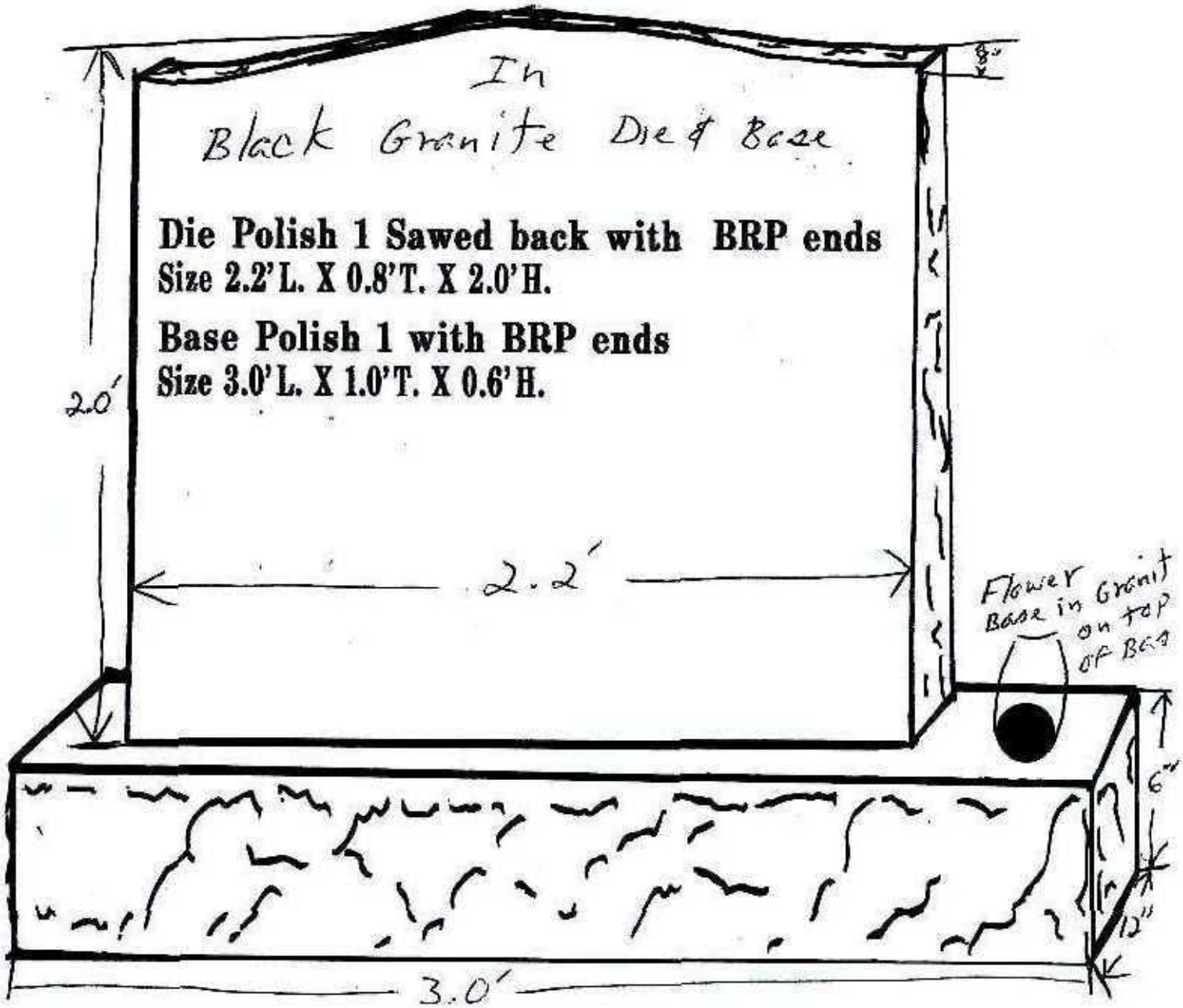
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

E20377


In
Black Granite Die & Base
Die Polish 1 Sawed back with BRP ends
Size 2.2'L. X 0.8'T. X 2.0'H.
Base Polish 1 with BRP ends
Size 3.0'L. X 1.0'T. X 0.6'H.
2.0'
2.2'
8"
Flower Base in Granit on top of Base
6"
12"
3.0'

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-21-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES KIRK AKA "ARCHIE JAMES JR. 231523

in a LINER (Type of Burial Container) Funeral, date, time 9-27-07 THUR 10:00

Church, Chapel, Graveside _____ TILLMAN RIVERSIDE Mortuary.

All Funeral cars 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 69 Grave 2

Grave space & Care Fund	3011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	4465.82
Paid receipt number	R602287 4465.82
Balance due	Ø

PAID SEP 21 2007 MOUNT HOPE

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. 231122

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

Signature: Juanita P. Bell

Print Name: Juanita P. Bell

Address: 2865 Palm Ave. #E

City: San Diego, CA. Zip Code: 92154

Telephone: (619) 575-8562

Invoice # _____

Work Order # E 20378

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20378

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
JAMES	–	KIRK	07/07/1954	09/16/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
INGLEWOOD	LOS ANGELES	JUANITA BELL.SISTER 2865 PALM AVE.APT E SAN DIEGO,CALIF.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
TILLMAN RIVERSIDE MORTUARY 2874 TENTH ST.RIVERSIDE,CALIF.92507	FD-757	▶ [signature]	09/24/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 1030(c) of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/25/2007	▶ Jonathan E Fielding MD MPH

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
LOS ANGELES COUNTY HEALTH DEPT. 313 N.FIGUEROA ST.L.A,CALIF.90012	SAN DIEGO COUNTY HEALTH DEPT. 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,CALIF.92102	11B. DATE BURIED 9-27-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 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 9-24-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY IGUCHI ⊕ 231121

in a ASH VAULT (Type of Burial Container) Funeral, date, time 9-28 FRI 10:00

Church, Chapel, Graveside _____ ; COMMUNITY Mortuary. CV.

All Funeral cars 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 153 Grave 2 (C)

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 CHK 3361 R602449	384.12
Balance due	-0-

PAID
SEP 24 2007
MOUNT HOPE CEMETERY

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

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

x [signature]
Signature

x Ron Iguchi 230631
Print Name

x 9 Primrose Pl.
Address

x Chula Vista, CA 91910
City Zip Code

x (619) 585-3925
Telephone

Invoice # _____

Work Order # E 20379

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20379

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 81

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARY	-	IGUCHI	05/07/1926	09/18/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	JUNE HOSAKA, NIECE 8248 PALM STREET 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
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA CA 91911	FD1682	▶	09/25/07

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	09/25/2007	▶ 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 SAN DIEGO CA 92102	11B. DATE BURIED 9-28-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC 2570 FORTUNE WAY VISTA CA 92083	12B. DATE CREMATED 9/25/07	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ JW Schock	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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
SD. Residence

Date 9-25-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juhnell Samuels 231130 11:00

in a Double-Crypt "A" (Type of Burial Container) Funeral, date, time Friday Sept. 28, 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 241 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	41.77
Total Due	$ 3,896.77
Paid receipt number AP 078778	537.84
VISA R-60258	
Balance due	3358.93

PAID
SEP 25 2007
MOUNT HOPE CEMETERY

Mort. 2 Pay
Bal. $3,358.93

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: Kathy McCray

Print Name: Kathy McCray 231129

Address: 6684 Charlene Ave

City: San Diego, CA Zip Code: 92114

Telephone: 619-287-2952

Invoice # _____

Work Order # E 20380

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20380

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ⊘

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

Burial Container D.D - Crypt A

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Johnell Samuels

Interment Date: Fri 9/28 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 241 Grave: 2

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

GC Services Limited Partnersh
Collection Agency Division
6330 Gulfton, Houston, Tx. 77

PO Box 95366 (021)
Atlanta Ga 30347
Return Service Requested
March 28, 2007

BALANCE DUE STATEMENT

05460062711930 94-0464-04

Juhnell Samuels

6684 Charlene Ave
San Diego CA 92114-1615

E20380

E20380

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JUHNELL	ROSHAWN	SAMUELS	11/25/1970	09/20/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
TEXARKANA	TEXAS	KATHY MC CRAY: MOTHER 6684 CHARLENE 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	FD-1329	Shenika Pryor	09/26/2007

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 09/26/2007	2701484

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-23-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Pegues	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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.

OFFICIAL RECEIPT

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

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

61997

Date: 10/11, 20 09

From: Vicky G. Sanders-Jenkins Address:

One hundred seventy-eight —— Dollars ($ 178.00)

in full Payment of Setting Fee for Johnell R. Samuels

Div 12 Sec 2 Blk/Row Lot 241 Grave 2

Invoice No. E-20380

Acct. No.

W.O.

BALANCE DUE ∅

☐ Money Order
☐ Charge
☒ Check 2299

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

RECEIVED
OCT 19 2009
By

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	178.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	178.00

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Pin: 231164

Date 9-25-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Curtis Savage ⊗ Weds 10-10-07

in a Ash Vault (Type of Burial Container) Funeral, date, time AYD 11:00

Church, Chapel, Graveside Poway Bernardo Mortuary

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

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 133 Grave 11

Grave space & Care Fund E-15981	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases - Marker setting fee $178.-	178.-
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	562.12
Paid receipt number AP 301220	562.12
Balance due	Ø

PAID

SEP 25 2007

MOUNT HOPE CEMETERY

CDL N587584 7-13-09

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.

Shirley A. Savage
Signature

Shirley A. SAVAGE
Print Name

11243 Pegasus Ave
Address

San Diego 92126
City Zip Code

(209) 271-1267
Telephone

(858) 549-9472

on grave of Mary B. Stiger

Work Order # E 20381

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Fax 858-748-4069

E20381

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 10:50 Am 9/25/07

CALL TAKEN BY: Pacelle

RECEIVED CALL FROM:

[✓] MORTUARY NAME: Called

[ ] FAMILY MEMBER/REPRESENTATIVE Debbie

CONTACT PERSON: Poway - Bernardo

TELEPHONE NO: 858-748-4101

NAME OF DECEASED:

LAST NAME: Savage

FIRST NAME: Curtis Mother' Shirley Savage owns gravesite

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: [X] A/N [ ] P/N [ ] P/N TRUST

DIV: 12 SECT: 2 BLK/ROW: LOT: 133 GRAVE: 11

[ ] SINGLE GRAVE [X] CREMATION $384.12

[ ] DBL DEPTH [ ] 1st BURIAL [ ] 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE [ ] COMMITTAL [ ] GRAVESIDE

[ ] WITNESS ONLY [ ] DELIVERY ONLY

[ ] P/A DELIVERY [ ] MILITARY DETAIL

SPECIAL INSTRUCTIONS:

12-2-133-11 in with aunt Navy Savage

E20381

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Auntie: Mary B. Stiger

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

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

Blind check Initiated by: _____ Date: _____

Interment space for: Curtis Savage ⊗

Interment Date: AYD Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 133 Grave: 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 at: _____ of grave

 E20381

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

DOB 05/28/1968 DOD 09/22/07

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

FILE COPY

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CURTIS	ANTHONY	SAVAGE	05/28/1968	09/22/2007	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	SHIRLEY SAVAGE, MOTHER 11243 PEGASUS AVE SAN DIEGO, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
POWAY-BERNARDO MORTUARY, 13243 POWAY RD POWAY, CA 92064	FD1195	Kim Wiles	09-26-2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed cremation is one of the dispositions authorized by Section 102825 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	09/26/2007	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 MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 10-10-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norma Fergu	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601 D STREET LAKE ELSINORE CA 92530	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 9/25/07

PIN: 231140

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Santiago Joaquin Garcia

in a Liner (Type of Burial Container) Funeral, date, time Sat. Sept 29 @ 12:00

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 12 Section 2 Blk/Row _____ Lot 155 Grave 2

Grave space & Care Fund	E-18606	~~0~~
Overtime/Late Arrival Fees	Saturday fee	851.00
Opening/Closing & Setup		533.00
Burial Container		270.00
Handling Fees		206.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		65.00
Sales taxes		20.93
Total Due		1,945.93
Paid receipt number	R-60253	1945.93
Balance due		~~0~~

PAID

SEP 25 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.

227724

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

Veronica Ulloa (Signature)

Veronica Ulloa (Print Name)

4138 San Miguel Ave (Address)

San Diego 92113 (City, Zip Code)

(619) 527-0768 (Telephone)

Invoice # _____

Work Order # E 20382

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20382

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

		SEGURA	X	CHAN		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Santiago Joaquin Garcia

Interment Date: 9/29/07 Time: 12:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 155 Grave: 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 at: _____ of grave

E 20382

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

32

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SANTIAGO	JOAQUIN	GARCIA	02/15/1975	09/24/2007	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	BLANCA GARCIA, WIFE 2171 S 9TH AVE #A YUMA, AZ 85364

7A. TYPED NAME AND ADDRESS OF 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 MEM-IMPERIAL AVE, 3953 IMPERIAL AVE SAN DIEGO, CA 92113	FD670	▶ [signature]	09/28/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/28/2007	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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 9-27-07	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 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 9-25-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EURADELL JOHNSON 231154 12:30

in a Liner (Type of Burial Container) Funeral, date, time FRIDAY, OCT. 5, 2007

Church, Chapel, Graveside ; CA BURIAL Mortuary: MARTIN

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 240 Grave 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	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	$ 3358.93
Paid receipt number R-60272	3358.93
Balance due	0

PAID OCT 4 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 Pin 231155

Address _____

City _____ Zip Code _____

Telephone See attached

Invoice # _____

Acct. # _____

Work Order # E 20383

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20383

10/03/2007 15:18 6192292750 CALIFORNIA BURIAL PAGE 02

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-25-07

It Need

You are hereby authorized and instructed, subject to your rules and regulations, to pay the remains of ERADELL JOHNSON

Inv. Liner Funeral, date, time FRIDAY, OCT. 5, 2007

Church, Chapel, Grave site CA BURIAL Mortuary NORTIN

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 12 Section 2 Division Lot 0546 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	
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 acquire as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery hereby from any liability on account of said authorization and interment.

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

Bradford Tolbert

Witness

Witness

Witness

Witness

Invoice #

Work Order # E 20383

Acct. #

This information is available in alternative formats upon request.

231155

MARTIN MITCHELL
CA CREMATION & BURIAL CHAPEL

Therms/day	0.4	0.4	0.0%	0.0	0.0%
kWh/day	14.8	24.3	- 39.1%	0.0	0.0%
Billing Days	32	30		0	

E20383

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

Service Address: 4358 CHURCHWARD ST SD 0 69

Account Number	Cycle	Date Mailed	Due Date	Please Pay This Amount
6340 311 735 5	17	Jul 25 2007	Aug 13 2007	$78.92

Bill Becomes Past Due After Above Date

Save Paper & Postage PAY ONLINE

Make Payment To

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

6960.1.17.4446 1 AV 0.312 ez 0.890

EURADELL JOHNSON
4358 CHURCHWARD ST
SAN DIEGO CA 92114-2214

5 2 50000634031173500000078920000007892

$ 3,358.93 Res. fee

E20383

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ∅

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

Burial Container Liner

	RAMIREZ		X	COLEMAN		

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

Blind check Initiated by: _____ Date: _____

Interment space for: ERADELL JOHNSON

Interment Date: 10-5-07 Time: 12:00 Chapel

Div: 12 Sect: 2 Blk/Row: _____ Lot: 246 Grave 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 at: _____ of grave

E20383

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

64

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EURADELL	-	JOHNSON	10/29/1942	09/20/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN BERNARDINO	SAN BERNARDINO	BRADFORD TOLBERT, SON 1420 WALL AVE. SAN BERNARDINO, CA 92404

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
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357		09/28/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed burial permit is on all the dispositions authorized by Section 103025 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN 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 BURIAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/28/2007	MARGARET BEED, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – 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): BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10-5-2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS4e (REV.12/94)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 09-26-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Colteal Evans 231132

In a D.D. Crypt "A" (Type of Burial Container) Funeral, date, time Friday Sept. 28 11:00

Church Chapel, Graveside ; Preferred Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 10 Grave 6

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	41.77
Total Due	2,465.77
Paid receipt number R-60254	2465.77
Balance due	0

PAID
SEP 26 2007
MOUNT HOPE CEMETERY

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.

231131

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

x Barbara Horn
Signature

x Barbara Horn
Print Name

x 2036 OCEAN VIEW
Address

x SD 92113
City Zip Code

x 619 236-0484
Telephone

Invoice # _____

Work Order # E 20384

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Low income

Printed on recycled paper

E20384

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ∅

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

Burial Container Double-Crypt "A"

			X			
EDWARD THOMPSON						

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Colteal Evans

Interment Date: 9-28-07 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ~ Lot: 10 Grave: 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 at: _____ of grave

E20384

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: Cloteal Evans

Address: 3836 Alabama St, Unit 203

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) $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.

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.

Lynnette Davis Niece 09/21/07

Signature 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

David Lugo 9/21/07

Approved by Date

Past 551 (Will bring Current)

Current Documents verified on: SAME

Approved By David Lugo

Date 9/21/07

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 BRINGS US ALL TOGETHER

E20384

SOCIAL SECURITY
1333 FRONT STREET
SAN DIEGO CA 92101

Social Security Administration
Supplemental Security Income
Notice of Planned Action

Date: November 26, 2006
Claim Number: 552-58-0124 DI

954 B001,M1E,040,008035 000008035 01 AT 0.308

CLOTEAL EVANS
UNIT 203
3836 ALABAMA ST
SAN DIEGO CA 92104-8309

We are writing to tell you about changes in your Supplemental Security Income payments. The rest of this letter will tell you more about this change.

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

Information About Your Payments

- The amount due you beginning January 2007 will be $200.00. This amount includes $200.00 from the State of California.
- Even though the law provides for an increase in Supplemental Security Income payments beginning January 2007 your payment will be lowered. This is because there will be an increase in the amount of Social Security benefits in January 2007 which we must count in figuring your Supplemental Security Income payment.

Your Payment Is Based On These Facts

Our records show your total monthly income which was used to figure your Supplemental Security Income payment for January 2007 is $676.00. This is based on the following income:

Your increased Social Security benefits--before any deductions for Medicare premiums- of $676.00. You should receive the increased Social Security benefit about January 3, 2007. We must count the increase in your benefits for January 2007 even though we are counting your other income for November 2006.

See Next Page

11/26/2006

HOW WE FIGURED YOUR PAYMENT FOR January 2007 ON

Your Payment Amount

The most Federal SSI money the law allows us to pay	$623.00
Minus (-) "Total income we count" (see below)	-656.00
Federal SSI money (no Federal payment due because of too much income)	$ 0.00
The most State SSI money the law allows us to pay	$233.00
Minus (-) remainder of income from State SSI money ($656.00 minus (-) $623.00 = $33.00)	- 33.00
Total Monthly SSI Payment for January 2007 on	$200.00

Your Income Other Than Your SSI

Income you receive in November 2006 on affects your payment for January 2007 on

January 2007 amount of Social Security benefits	$676.00
By law we don't count $20.00 of above income	*- 20.00*
Total income we count	$656.00

E20384

Social Security Administration

Date: September 18, 2007
Claim Number: 552-58-0124A
552-58-0124DI

1BEV010007051 0.505 MB 0.360 00000023

CLOTEAL EVANS
UNIT 203
3836 ALABAMA ST
SAN DIEGO CA 92104-8309

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 $ 676.30.

We deduct $0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is $ 676.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Past Social Security Benefits

From December 2005 to November 2006, the full monthly Social Security benefit before any deductions was $ 654.70.

We deducted $0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was $ 654.00.
(We must round down to the whole dollar.)

Information About Supplemental Security Income Payments

Beginning October 2007, the current Supplemental Security Income payment is $ 0.00.

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

See Next Page

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

Linda S. McMahon
Deputy Commissioner
for Operations

E20384

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 72

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CLOTEAL	-	EVANS	08/15/1935	09/20/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LYNETTE DAVIS, NIECE 10427 VALLEY WATERS DR. SPRING VALLEY, CA 91978

7A. TYPED NAME AND ADDRESS OF 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 Dentino	9-26-07

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/26/2007	▶ 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 9-28-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Perryman	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 9-26-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MANUEL ANTUNEZ 231128 MON

in a LINER (Type of Burial Container) Funeral, date, time OCT 1, 07; 11:00

Church, Chapel, Graveside _____ ; GUADALUPANA Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 159 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	3358.93
Paid receipt number AP927440	3358.93
VISA Balance due	0

WO 5779

AP013550 Setting Fee pd

PAID SEP 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.

Signature _____

231127

Julia Antunez
Print Name

3470 Monroe Ave #7
Address

San Diego CA 92116
City Zip Code

619-255-3684
Telephone

Invoice # _____

Work Order # E 20385

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20385

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container _____

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: _____

Interment Date: _____ Time: _____

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

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

E20385

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

43

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MANUEL	-	ANTUNEZ	12/24/1963	09/25/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JULIA ANTUNEZ, WIFE 3470 MONROE AVE. SAN DIEGO, CA 92116

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

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	09/27/2007	▶ 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 MOUNT HOPE CEMETERY, 3751 MARKET ST.,SAN DIEGO,CA.92102	11B. DATE BURIED 10/4/07	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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Quit Claim Transfer

Date 9/26/07

23/118

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of from Debra Whittier Maule to: Dumas, Diane

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 3 Blk/Row ~ Lot 1262 Grave 1

Grave space & Care Fund .....

Overtime/Late Arrival Fees .....

Opening/Closing & Setup.....

Burial Container.....

Handling Fees.....

Flower vases – Marker setting fee.....

Recording/Filing/Transfer Fees..... 65-

Sales taxes.....

Total Due..... 65.-

Paid receipt number R-60255 65.-

Balance due Ø

PAID
SEP 26 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.

128790

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

X _____
Signature

X FRED ZARSE
Print Name

X Po Box 2454
Address

X ALPINE CA 91903
City Zip Code

X 619-579-9456
Telephone

Invoice # _____

Work Order # E 20386

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20386

THE CITY OF SAN DIEGO

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

Date: 9-26-07

I/We Debra Whittier (Formerly Maule)

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: DIANNE DUMAS
Street Address: 2838 CLAY AVE Apt / Unit #:
City: SAN DIEGO ST: CA Zip-Code: 92113
Telephone #: (619) 239-2632

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

Division: 8 Section: 3 " " Blk / Row: " "
Lot(s): 1262 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 26th day 2007

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS	x D Maule-Whittier Legal Owner / Representative Signature
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

LICENSE AND CERTIFICATE OF CONFIDENTIAL MARRIAGE

E20386

5200037 002696

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER | LICENSE NUMBER

HUSBAND PERSONAL DATA

1A. NAME OF HUSBAND–First (Given)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH–Month, Day, Year
STEVEN	LEE	MAULE	02/22/1954

3. STATE OF BIRTH	4. NUMBER OF PREVIOUS MARRIAGES	5A. LAST MARRIAGE ENDED BY:	5B. DATE–Month, Day, Year
HI	00	--- ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT	--/--/----

6A. USUAL OCCUPATION	6B. USUAL KIND OF BUSINESS OR INDUSTRY	7. EDUCATION - YEARS COMPLETED
SALES CLERK	BOOKSTORE	14

8A. FULL NAME OF FATHER	8B. STATE OF BIRTH	9A. FULL MAIDEN NAME OF MOTHER	9B. STATE OF BIRTH
MELVIN LEVERN MAULE	UNKNOWN USA	BETTY JANE MORTZ	UNKNOWN USA

WIFE PERSONAL DATA

10A. NAME OF WIFE–First (Given)	10B. MIDDLE	10C. CURRENT LAST (FAMILY)	10D. MAIDEN LAST (FAMILY) IF DIFFERENT THAN 10C
DEBRA	JOYCE	WHITTIER	---

11. DATE OF BIRTH–Month, Day, Year	12. STATE OF BIRTH	13. NUMBER OF PREVIOUS MARRIAGES	14A. LAST MARRIAGE ENDED BY:	14B. DATE–Month, Day, Year
10/14/1956	CA	02	☐ DEATH ☒ DISSOLUTION ☐ ANNULMENT	--/--/1984

15A. USUAL OCCUPATION	15B. USUAL KIND OF BUSINESS OR INDUSTRY	16. EDUCATION - YEARS COMPLETED
STUDENT	COLLEGE	14

17A. FULL NAME OF FATHER	17B. STATE OF BIRTH	18A. FULL MAIDEN NAME OF MOTHER	18B. STATE OF BIRTH
KENNETH WHITTIER	IL	JANICE HUBACK	MN

RESIDENCE OF HUSBAND AND WIFE

19A. RESIDENCE–Street and Number	19B. CITY	19C. ZIP CODE	19D. COUNTY–Outside California, Enter State
2861 B ST #1	SAN DIEGO	92102	SAN DIEGO

20A. MAILING ADDRESS–If Different	20B. CITY	20C. ZIP CODE	20D. COUNTY–Outside California, Enter State
---	---	---	---

AFFIDAVIT

We, the undersigned, declare that we are an unmarried man and an unmarried woman, not minors, and have been living together as husband and wife and that the foregoing information is true and correct to the best of our knowledge and belief, that no legal objection to the marriage nor to the issuance of a license is known to us, and hereby apply for a License and Certificate of Confidential Marriage.

22A. SIGNATURE OF HUSBAND ▶ | 22B. SIGNATURE OF WIFE ▶

I the undersigned, empowered by the laws of the State of California, do hereby certify that the above-named parties to be married have personally appeared before me, proved to me on the basis of satisfactory evidence, have declared or affirmed that they meet all the requirements of the law, and the fees prescribed by law having been paid, do hereby authorize said parties to be married pursuant to Section 4213, Civil Code OR that this license was issued to the person performing the ceremony upon that person's presentation of an affidavit signed by the person and the parties to be married due to the inability of one or both of the parties to be married to physically appear. The affidavit explains the reason for inability to appear in accordance with Section 4213.1, Civil Code.

23A. SIGNATURE AND TITLE OF ISSUING CLERK	24A. AFFIX NOTARY SEAL (If Applicable)	24B. "SUBSCRIBED AND SWORN TO BEFORE ME ON
▶ ANA RITA PALMER DEP. COUNTY CLERK	---	MONTH DAY YEAR
23B. COUNTY OF ISSUE: SAN DIEGO		▶ SIGNATURE OF NOTARY
23C. MAILING ADDRESS AND ZIP CODE: P.O. BOX 121750 SAN DIEGO, CA 92112-4147		---
23D. ISSUE DATE–Month Day Year: 02/22/2000		Typed Name of Notary
23E. LICENSE EXPIRES AFTER–Month Day Year: 05/22/2000		

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

25. I hereby certify that the above named man and woman were joined by me in marriage in accordance with the laws of the State of California.

ON _____ MONTH _____ DAY _____ YEAR

AT _____ CITY OR TOWN SAN DIEGO COUNTY CALIFORNIA

NOTE: This marriage MUST take place in the county in which the license was issued.

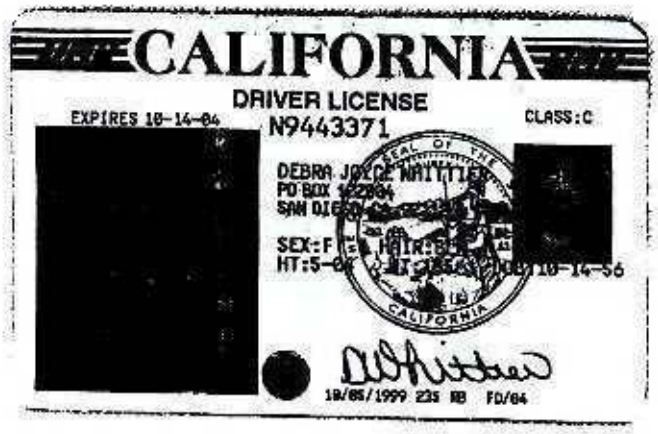
26A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	26B. RELIGIOUS DENOMINATION (IF CLERGY)
▶	
26C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT)	26D. OFFICIAL TITLE
26E. MAILING ADDRESS (Include City and State)	26F. ZIP CODE

COUNTY CLERK

27A. SIGNATURE OF COUNTY CLERK	27B. SIGNATURE OF DEPUTY CLERK (If Applicable)	28. DATE ACCEPTED FOR REGISTRATION
	BY _____ DEPUTY	

DESIGNATED COPY

E20386


CALIFORNIA
DRIVER LICENSE
EXPIRES 10-14-04
N9443371
CLASS:C
DEBRA JOYCE WHITTLE
PO BOX
SAN DIE
SEX:F
HT:5-0
10-14-56
10/05/1999 235 NB FD/04

E20386

E20386

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That

DEBRA WHITTIER (FORMERLY MAULE)

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

MOUNT HOPE

DIVISION 8 SEC 3 LOT 1262

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

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

X

Signature Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of _____ County of _____

On _____,19____ before me, the undersigned, a Notary Public in and for said State

personally appeared,_____

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

WITNESS my hand and official seal

X _____ (SEAL)

Notary Public Signature

OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT ___Power Of Attorney___

DATE OF DOCUMENT _____ NUMBER OF PAGES_____

SIGNER(S) OTHER THAN NAMED ABOVE_____

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That

DEBRA WHITTIER (FORMERLY MAULE)

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

MOUNT HOPE

DIVISION 8 SEC 3 LOT 1262

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

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

X

Signature

Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of _____ County of _____

On _____,19____ before me, the undersigned, a Notary Public in and for said State

personally appeared,_____

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

WITNESS my hand and official seal

X _____ (SEAL)

Notary Public Signature

OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT ____Power Of Attorney___

DATE OF DOCUMENT _____ NUMBER OF PAGES_____

SIGNER(S) OTHER THAN NAMED ABOVE_____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/27/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Francisco Garcia Julio 231144

in a DC Double Crypt A (Type of Burial Container) Funeral, date, time TUES, OCT 2 @ 12:00

Church, Chapel, Graveside _____ : EL CAMINO/CYPRESS Mortuary.

All Funeral cars 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 15 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	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number R-60261	3896.77
WGUS FARGO CHK 0081106789	
Balance due	-0-

PAID OCT - 1 2007 MOUNT HOPE CEMETERY

I hereby certify I am the cermana of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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] Vicente Garcia Co-Purchaser

Print Name [signature] (Josue) 231143

Address 5618 Gables St.

City SD CA Zip Code 92139

Telephone (619) 472-6681

Invoice # _____

Work Order # E 20387

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20387

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container DDCrypt

			X		Canacho	

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

Blind check Initiated by: _____ Date: _____

Interment space for: Francisco Garcia

Interment Date: 10/2/07 Time: 12:00

Div: MAS Sect: C Blk/Row: ____ Lot: 15 Grave: 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 at: _____ of grave

E20387

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 34

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRANCISCO	GARCIA	JULIO	12/03/1972	09/25/2007 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	VICENTE GARCIA JULIO, BROTHER 131 TOWNSIDE DR #27 VISTA, CA 92084

7A. TYPED NAME AND ADDRESS OF 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	FD670	▶ Arthur Garcia	10/01/2007

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	10/01/2007	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

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

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 9-27-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Crystal Martinez 231167

in a Ash Vault (Type of Burial Container) Funeral, date, time Thurs OCT 11 1:00

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 9 Section 1 Blk/Row _____ Lot 3919 Grave 1

Grave space & Care Fund	112.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	36.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	477.12
Paid [illegible]	477.12
Balance due	Ø

PAID
OCT - 2 2007
MOUNT HOPE CEMETERY
R- 60269

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

Sara Morales 231166
Print Name
324 Willow rd apt 1-D
Address
San ysidro CA 92173
City Zip Code
(619) 946-4302
Telephone

Invoice # _____

Work Order # E 20388

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20388

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 9/18/07

CALL TAKEN BY: Pauletta C

RECEIVED CALL FROM:

[X] MORTUARY NAME: unsure

[X] FAMILY MEMBER/REPRESENTATIVE mother

CONTACT PERSON: sara morales

TELEPHONE NO: 619-269-3292

NAME OF DECEASED:

LAST NAME: Martinez (Stillborn 8days old)

FIRST NAME: Crystal

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: ~~$527.67 full body~~

Residence fees $497.12 A Shea 29 8.—

E20388

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container ASH Vault

			WALKER			
			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: CRYSTAL MARTINEZ

Interment Date: _____ Time: _____

Div: 9 Sect: 1 Blk/Row: ____ Lot: 39A Grave: 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 at: _____ of grave

E20388

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

9778-01

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
CRYSTAL	-	MARTINEZ	09/07/2007	09/15/2007	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	SARA MORALES, MOTHER 324 WILLOW ROAD, #1-D SAN YSIDRO, CA 92173

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	FD1658

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

8A. SIGNATURE OF APPLICANT – Person taking permit: [signature] 8B. DATE SIGNED: 10/01/2007

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	10/01/2007	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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, SAN DIEGO CA 92102	11B. DATE BURIED 10-11-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Fergu
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CA CREMATORY 601 D CRANE ST, LAKE ELSINORE,CA 92530	12B. DATE CREMATED 10-3-07	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 10-11-07	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Tereso Martinez 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 9/28/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sergio Roman Varela 231147

in a Liner (Type of Burial Container) Funeral, date, time Tues, Oct 2 @ 10:00

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 11 Section 2 Blk/Row _____ Lot 16 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	10.97
Total Due	1,679.47
Paid receipt number R-60259	1,679.47
Balance due	0

PAID

SEP 28 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.

231146

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

Maria L. Dominguez (Signature)

Maria L. Dominguez (Print Name)

4086 Euclid Ave. (Address)

San Diego CAL. 92105 (City, Zip Code)

619 516-2691 (Telephone)

Invoice # _____

Work Order # E 20389

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

LOW INCOME

© Printed on recycled paper

Low income

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET E20389

DATE/TIME RECEIVED CALL: 9/26/07

CALL TAKEN BY: David

RECEIVED CALL FROM:

- [x] MORTUARY NAME: Guadalupana
- [x] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: Lourdes Dominguez

TELEPHONE NO: (619) 516-2691

NAME OF DECEASED:

LAST NAME: Sergio

FIRST NAME: Roman Varela

DOD: 9/25/07 DOB: 11/22/71

VETERAN [ ] BRANCH OF SERVICE: no

- [x] REGULAR SIZE CASKET [ ] OVERSIZE [ ] CHILD

FUNERAL SERVICE

TYPE OF SERVICE: [x] 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:

E20389

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: Sergio Roman Varela

Address: 4086 Euclid Ave

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) $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.

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.

Maria L. Domingo — Signature
Wife — Relationship
7-26-07 — Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Approved by

Date

Current 2006 Income Tax Documents verified on: 9/28/07

Approved By MFD

Date 9/28/07

DIVERSITY

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

E20389

Form **1040** Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2006

(99) IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0074

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

LABEL HERE

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning , ending

Your first name	M.I.	Last name	Suffix	Your social security number
MARIA		DOMINGUEZ		[redacted]
If a joint return, spouse's first name	M.I.	Last name	Suffix	Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16. Apt. no.

4086 EUCLID AVE

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

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 page 16) ▶ ☐ 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. ▶ First name Last name

4 ☒ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ First name Last name SSN

5 ☐ Qualifying widow(er) with dependent child (see page 17)

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:**

(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 (see page 19)
MAYRA	ROMAN	608-84-7013	Daughter	☒
JOSE	ROMAN	623-90-6467	Son	☒
RICARDO	ROMAN	620-74-1316	Son	☒
				☐

If more than four dependents, see page 19.

No. of children on 6c who:
- lived with you: [redacted]
- did not live with you due to divorce or separation (see page 20): 0

Dependents on 6c not entered above: 0

d Total number of exemptions claimed ▶ 4

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	15,641
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a — 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 23) — 9b		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions — 15a — b Taxable amount (see page 25)	15b	
16a	Pensions and annuities — 16a — b Taxable amount (see page 26)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits — 20a — b Taxable amount (see page 27)	20b	0
21	Other income. List type and amount (see page 29)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	15,641

Adjusted Gross Income

23	Archer MSA deduction. Attach Form 8853	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 29)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction (see page 31)	32	
33	Student loan interest deduction (see page 33)	33	
34	Jury duty pay you gave to your employer	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	15,641

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.

(HTA)

E20389

Tax and Credits

Standard Deduction for—
- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.
- All others: Single or Married filing separately, $5,150; Married filing jointly or Qualifying widow(er), $10,300; Head of household, $7,550

38	Amount from line 37 (adjusted gross income)		38	15,641
39a	Check if: ☐ You were born before January 2, 1942, ☐ Blind. ☐ Spouse was born before January 2, 1942, ☐ Blind. Total boxes checked ▶ 39a			
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b			
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	7,550
41	Subtract line 40 from line 38		41	8,091
42	If line 38 is over $112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply $3,300 by the total number of exemptions claimed on line 6d		42	13,200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	0
44	Tax (see page 36). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972		44	
45	Alternative minimum tax (see page 39). Attach Form 6251		45	
46	Add lines 44 and 45 ▶		46	0
47	Foreign tax credit. Attach Form 1116 if required	47		
48	Credit for child and dependent care expenses. Attach Form 2441	48		
49	Credit for the elderly or the disabled. Attach Schedule R	49		
50	Education credits. Attach Form 8863	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Residential energy credits. Attach Form 5695	52		
53	Child tax credit (see page 42). Attach Form 8901 if required	53		
54	Credits from: a ☐ Form 8396 b ☐ Form 8839 c ☐ Form 8859	54		
55	Other credits: a ☐ Form 3800 b ☐ Form 8801 c ☐ Form	55		
56	Add lines 47 through 55. These are your total credits		56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ▶		57	0

Other Taxes

58	Self-employment tax. Attach Schedule SE		58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		60	
61	Advance earned income credit payments from Form(s) W-2, box 9		61	
62	Household employment taxes. Attach Schedule H		62	
63	Add lines 57 through 62. This is your total tax ▶		63	0

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	284	
65	2006 estimated tax payments and amount applied from 2005 return	65		
66a	Earned income credit (EIC)	66a	4,364	
b	Nontaxable combat pay election ▶ 66b			
67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67		
68	Additional child tax credit. Attach Form 8812	68	651	
69	Amount paid with request for extension to file (see page 60)	69		
70	Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885	70		
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	60	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments ▶		72	5,359

Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	5,359
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	74a	5,359
▶ b	Routing number XXXXXXXXX ▶ c Type: ☐ Checking ☐ Savings		
▶ d	Account number XXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2007 estimated tax ▶ 75		

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 ▶	76	0
77	Estimated tax penalty (see page 62) 77		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? ☒ Yes. Complete the following. ☐ No

Designee's name ▶ Preparer Phone no. ▶ 619-2319942 Personal identification number (PIN) ▶

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Maria Dominguez	2/22/07	EMPLOYEE	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature: Francisca Palomino	Date 2/22/2007	Check if self-employed ☒	Preparer's SSN or PTIN P00531959
Firm's name (or yours if self-employed), address, and ZIP code: HISPANIC PROFESSIONAL SERVICES, 1879 LOGAN AVE STE E, SAN DIEGO	State CA	ZIP code 92113	EIN 33-0940299; Phone no. 619-231-9942

E20389

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

			X	SHEGGG		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Sergio Roman Varela

Interment Date: 10/2/07 Time: _____

Div: 11 Sect: 2 Blk/Row: ____ Lot: 16 Grave: 5

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

E20389

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

35

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SERGIO	-	ROMAN-VARELA	11/22/1971	09/25/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	M. LOURDES DOMINGUEZ, FRIEND 4086 EUCLID AVE. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 *IMPERIAL AVENUE SAN DIEGO, CA 92102*	FD1425	David Ayon	10/02/07

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/02/2007	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 MOUNT HOPE CEMETERY, 3751 MARKET ST.,SAN DIEGO,CA.92102	11B. DATE BURIED 10-2-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL David Moreno	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

COPY 3 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

At need
in grave of
Gordon Elson.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-28-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HELEN ELSON ⊗ 151901

in a ASH VAULT (Type of Burial Container) Funeral, date, time Weds. Oct 3 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 IOOF Section ____ Blk/Row 27 Lot 55 Grave 1

D-2810

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker Setting Fees	
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	384.12
Paid receipt number R-60260	384.12
Balance due	Ø

PAID
SEP 28 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.

231133

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

Signature: Mary Jane Lynn

Print Name: MARY JANE LYNN
Address: 11509 WESTHILL TERR.
City: LAKESIDE, CA Zip Code: 92040
Telephone: (619) 443-3773

Invoice # ____

Work Order # E 20390

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

WILL BE IN TOMORROW FRI 9-28

E20390

12 CHAIRS

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 3:30 9-26-07

CALL TAKEN BY: Tom

RECEIVED CALL FROM: MOTHER DIED YESTERDAY 9-25

☐ MORTUARY NAME:

☐ FAMILY MEMBER/REPRESENTATIVE (DAUGHTERS)

CONTACT PERSON: MARY JANE LYNN

TELEPHONE NO:

NAME OF DECEASED:

LAST NAME: ELSON, HELEN & BURY W/

FIRST NAME: ELSON, GORDON W &

DOD: DOB:

VETERAN ☐ BRANCH OF SERVICE:

☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD

FUNERAL SERVICE

TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☒ GRAVESIDE

LOCATION OF SERVICE: MH

DATE OF SERVICE: WED 10-3 TIME OF SERVICE: 11:00

EXPECTED ARRIVAL TIME AT MT. HOME:

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

DIV: IOOF SECT: BLK/ROW: 27 LOT: 55 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:

E20390

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Gordon Elson ⊗

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

		Camp	X		Nisius	

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

Blind check Initiated by: _____ Date: _____

Interment space for: Helen Elson ⊗

Interment Date: 10-3-07 Time: 11:00 a.m.

Div: IOOF Sect: _____ Blk/Row: 27 Lot: 55 Grave: 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 at: _____ of grave

E20390

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

85

1A. NAME OF 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	MARGARET	ELSON	06/26/1922	09/25/2007	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	MARY JANE LYNN, DAUGHTER 11509 WESTHILL TERRACE LAKESIDE, CA 92040

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
NEPTUNE SOCIETY OF SAN DIEGO, 14065 OLD HWY #80 PO BX 2308 EL CAJON, CA 92021	FD1352	Allan R Russ	09/28/2007

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 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	10/01/2007	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 10/3/2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC 14065 HWY 8 BUS EL CAJON,CA 92021	12B. DATE CREMATED 10/1/07	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE	

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

PRE-NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-1-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOU JEAN LADD

In a DOUBLE 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 1 Blk/Row [redacted] Lot 69 Grave 4

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	530.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees DISINTERMENT 1419 + 65 RECORDING FEE	1484.00
Sales taxes	41.77
Total Due	2518.77
Paid receipt number MP37449A	2518.77
PB09925 Balance due	0

PAID OCT - 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: Lou Jean Ladd

Print Name: Lou JEAN LADD

Address: 324 HERSON ST

City: San Diego, CA. Zip Code

Telephone: (619) 262-7890

Invoice # _____

Work Order # E 20391

Acct. # _____

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

RCF E-001445 170712 © Printed on recycled paper

E20391

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-28- 1980

CHARGE Lou Jean Ladd - 262-7890

ADDRESS 324 Henson St San Diego Calif

NAME OF DECEASED OARCE DELANO LADD

OWNER Same

ADDRESS Ahone

MORTUARY Ragsdale

A

LOT 69 GR 4 ROW SEC 1 BLK DIV 11		275	00
OPENING TIME 2:00 DAY DATE 5-29-80 Thur		185	00
VAULT BOX Bell SIZE		148	40
REMOVAL OR FOUNDATION VET.			
	TOTAL $	608	40
PAID RECEIPT NUMBER 28477		458	40
	BALANCE $	150	00

Flush marker only
Full Detail
PVT-2 Class - U.S. army - 54-145-018
Bill for marker - File Vet Claim
Res - 9-25 - 9-1-80

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

4/10380

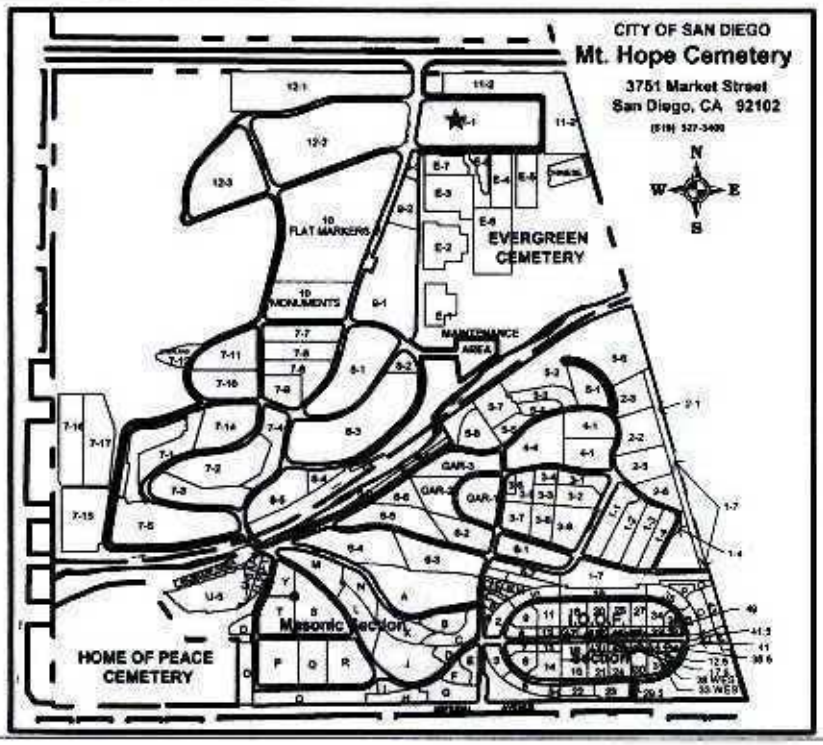
AUTHORIZED IN PERSON PHONE BY Lou Jean Ladd ORDER TAKEN BY Wallace

W.O. NO. E 001445 INVOICE NO. 5282

PR-974 (REV. 9-76)

E20391

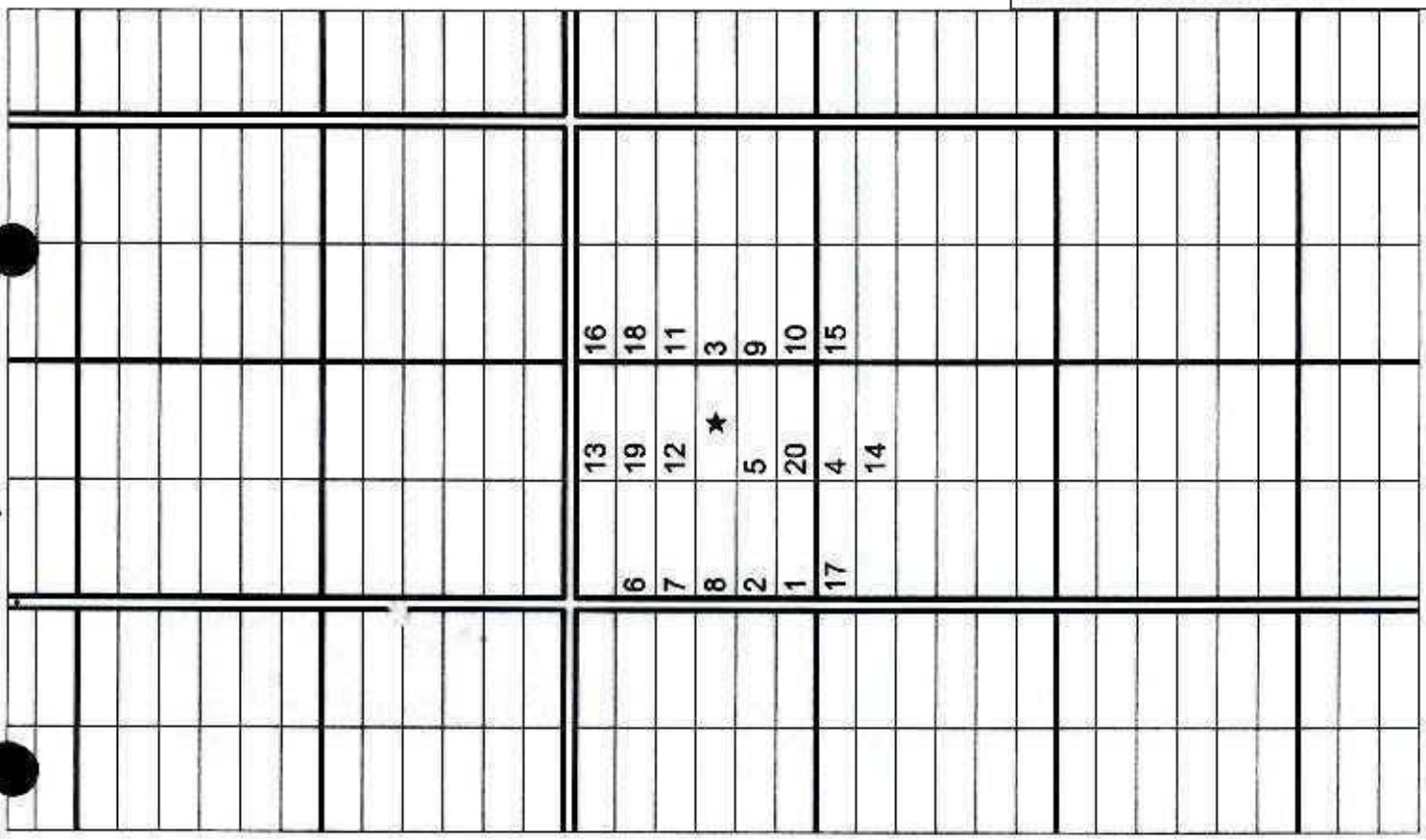
Locator Map



Location	11,1,,69,4
Division	11
Section	1
Block_Row	
Lot	69
Grave	4
C01_Prop_Status	I
C52_Deceased_A	Ladd, Garce Delano
C53_Deceased_B	
C54_Deceased_C	
C55_Deceased_D	
C56_Deceased_E	
C57_Deceased_F	
C10_Convey_No	
C11_Convey_Date	/ /
C20_ContractNo_A	S-001445
C21_ContractNo_B	
C22_ContractNo_C	
C23_ContractNo_D	
C24_ContractNo_E	
C25_ContractNo_F	
C36_Owner_Name_A	Ladd, Lou J
C37_Owner_Name_B	
C38_Owner_Name_C	
C39_Owner_Name_D	
C40_Owner_Name_E	
C41_Owner_Name_F	
C60_Dec_Info_A	DOB=11/27/1934 DOD=05/22/1980
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-Burpeau, Beatrice Hall (11,1,,69,12)
02-Burpeau, Charles Tyler (11,1,,69,11)
03-Cardosa, James Edward (11,1,,47,10)
04-Ferguson, William Spurgeon (11,1,,70,1)
05-Puncke, Winchester Keppel (11,1,,69,5)
06-Ivy, Page William, Jr (11,1,,69,8)
07-Johnson, Arne Norman, Sr (11,1,,69,9)
08-Johnson, Carmen Maria (11,1,,69,10)
09-Kelso, Julius (11,1,,47,11)
10-Kelso, Zelma (11,1,,47,12)
11-Marzan, Teodorico (11,1,,47,9)
12-Nicholas, Joseph Ray (11,1,,69,3)
13-Rhea, Kathleen R (11,1,,69,1)
14-Salisbury, Harry (11,1,,70,2)
15-Salvie, Mary Carroll (11,1,,48,7)
16-Sohn, George Andrew Leonard (11,1,,47,7)
17-Strickland, Billie G (11,1,,70,7)
18-Watson, Burnell (11,1,,47,8)
19-Wells, Earl (11,1,,69,2)
20-Wood, Fred Perry (11,1,,69,6)



E20391

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF **Oarce Delano Ladd**

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of **Oarce Delano Ladd** 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 **Oarce Delano Ladd** 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 **Oarce Delano Ladd** is identified as:

Division	Section	Lot	Grave
11	1	69	4

I (We) acknowledge that I (we) have been advised that the remains of (Oarce Delano Ladd) may not be present and/or intact.

Lou Jean Ladd
SIGNATURE(S)

Wife
RELATION TO DECEASED

Tom Brown
WITNESSED BY

1-11-08
DATE

Mt. Hope Cemetery

Community Parks I • Park and R...

DIVERSITY

Tom,
Please contact
Lou Jean and
have her come in
and sign the
attached letter of
approval. If she
cannot come in
you can mail her the
letter, but it has
to be Notarized
Malia

CALLED
1:15 PM
1-3-08

E20391

OFFICIAL RECEIPT

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

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

P 00992

Date: 10-1, 20 07

From: LOU JEAN LADD Address: 324 HENSON ST. SD.

TWO THOUSAND FIVE HUNDRED - EIGHTEEN & 77/100 Dollars ($ 2518.77)

in FULL Payment of INTERMENT W/ ORACE LADD

Div 11 Sec 1 Blk/Row ____ Lot 69 Grave 4

Invoice No. ____

Acct. No. E-20391

W.O. ____

BALANCE DUE ____

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☒ Charge AP 3744 GR

☐ Check

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

PAID

OCT - 1 2007

MOUNT HOPE CEMETERY

ISSUED BY ____

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	2518	77
Trust	77186		
TOTAL PAID	$	2518	77

AC-212 (11-05)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need

Date 10/1/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Paula Ramirez 231148 10:00

In a Liner (Type of Burial Container) Funeral, date, time Weds. Oct 3, 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 8 Section 3 Blk/Row _____ Lot 274 Grave 1

Grave space & Care Fund C-1561	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 R-60266	1,094.93
Balance due	0

PAID

OCT - 2 2007

MOUNT HOPE CEMETERY

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

228532

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

Signature

Tyrone Brown
Print Name

3288 El Cajon Blvd
Address

San Diego - CA - 92104
City Zip Code

619-640-4477
Telephone

Invoice # _____

Work Order # E 20392

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20392

THE CITY OF SAN DIEGO

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

Date: 10-2-07

I/We Fred Zarse POA FROM RONDALL POTTHOF

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: TYRONE BROWN
Street Address: 3288 EL CAJON, CA Apt / Unit #: #2
City: SAN DIEGO ST: CA Zip-Code: 92104
Telephone #: (619) 640-4477

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

Division: 8 Section: 3" " Blk / Row: " "
Lot(s): 274 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 _____ day 2007

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

Fredric E. Zarse on behalf of Rondall Potthof

WITNESS — Legal Owner / Representative Signature

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

E20392

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That

RONDALL POTTHOF

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

MOUNT HOPE CEMETERY
DIV 8 SECTION 3 LOT 274

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

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

X Rondall Potthof

Signature

Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of California County of San Diego

On October 1 2007 before me, the undersigned, a Notary Public in and for said State

personally appeared, Rondall Potthof

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

WITNESS my hand and official seal

PAZ REY BAER
COMM. # 1680701
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
MY COMM. EXP. AUG. 10, 2010

X

Notary Public Signature

(SEAL)

OPTIONAL INFORMATION

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

CERTIFICATION OF VITAL RECORD

CITY OF MINERAL WELLS, TEXAS

VITAL STATISTICS DIVISION

E 20392

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES – VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last): Roy Edwin Potthoff
(Maiden):
2. DATE OF DEATH – ACTUAL OR PRESUMED: 6-20-2007
3. SEX: Male
4. DATE OF BIRTH: 5-11-1916
5. AGE-Last Birthday (Years): 91
IF UNDER 1 YR: MO DAYS
IF UNDER 1 DAY: HOURS MIN
6. BIRTHPLACE (City & State or Foreign Country): Otto, Texas
7. SOCIAL SECURITY NUMBER: 465-07-1078
8. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☒ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
9. SURVIVING SPOUSE (If wife, give name prior to first marriage):
10a. RESIDENCE STREET ADDRESS: 200 S.W. 25th Ave
10b. APT NO:
10c. CITY OR TOWN: Mineral Wells
10d. COUNTY: Palo Pinto
10e. STATE: Texas
10f. ZIP CODE: 76067
10g. INSIDE CITY LIMITS? ☒ Yes ☐ No
11. FATHER'S NAME: William H. Potthoff
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: Ella Mae Leuschner
13. PLACE OF DEATH (CHECK ONLY ONE)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
14. COUNTY OF DEATH: Palo Pinto
15. CITY/TOWN, ZIP (If outside city limits, give precinct no): Mineral Wells
16. FACILITY NAME (If not institution, give street address): Palo Pinto General Hospital
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: Ron Potthoff - Son
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code): 11949 Riverside Dr, #36, Lakeside, California 92040
19. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify)
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Jay Morrill 112013
21. ☒ Unknown Section: Block: Lot: Space:
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Salem Cemetery
23. LOCATION (City/Town, and State): Hallettsville, Texas
24. NAME OF FUNERAL FACILITY: White's Funeral Home
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code): 101 NE 4th Ave, Mineral Wells, Texas 76067
26. CERTIFIER (Check only one):
☒ Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
27. SIGNATURE OF CERTIFIER: Todd Aspegren
28. DATE CERTIFIED (Mo/Day/Yr): 6/20/2007
29. LICENSE NUMBER: 80796
30. TIME OF DEATH (Actual or presumed): 1:35 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code): Todd Aspegren, 400 S.W. 25th Avenue, Mineral Wells, Texas 76067
32. TITLE OF CERTIFIER: MD

CAUSE OF DEATH

33. PART 1. ENTER THE CHAIN OF EVENTS – DISEASES, INJURIES, OR COMPLICATIONS – THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
a. Respiratory Failure — Approximate Interval: Onset to death: 1hr.
Due to (or as a consequence of):
b. Congestive Heart Failure — 1hr.
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

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

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No
36. MANNER OF DEATH: Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
37. DID TOBACCO CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Probably ☐ Unknown
38. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
39. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
40a. DATE OF INJURY (Mo/Day/Yr):
40b. TIME OF INJURY:
40c. INJURY AT WORK? ☐ Yes ☐ No
40d. PLACE OF INJURY (e.g., Decedent's home; construction site, restaurant, wooded area):
40e. LOCATION (Street and Number, City, State, Zip Code):
40f. COUNTY OF INJURY:
41. DESCRIBE HOW INJURY OCCURRED:
42a. REGISTRAR FILE NO.: 02-108-07
42b. DATE RECEIVED BY LOCAL REGISTRAR: June 28, 2007
42c. REGISTRAR: Juanita Formby

This penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to $10,000. (Health and Safety Code, Sec. 195.1556)

VS-112 REV 1/2006

30937

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

ISSUED JUN 28 2007

Juanita Formby
JUANITA FORMBY
Local Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

E20392

MOUNT 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

		YOUNG	X	KILLOUGH		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Maria Paula Ramirez

Weds.

Interment Date: 10/3/07 Time: 10:00 Church

Div: 8 Sect: 3 Blk/Row: ____ Lot: 27 Grave: 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 at: _____ of grave

E20392

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

84

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA	PAULA	RAMIREZ	01/25/1923	09/29/2007	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 MESA	SAN DIEGO	ISABEL MARTINEZ, DAUGHTER 525 LA RUE WAY EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	10/3/07

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		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	10/03/2007	▶ 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 OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

10. AUTHORIZED DISPOSITION(S): BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 10/3/2007	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 8740.)

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

Quit Claim Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/1/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of from Roy E. Potthoff, Rondall Potthoff to Tyrone Brown

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 274 Grave 1

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing (Transfer Fees)	65.–
Sales taxes	
Total Due	65.–
Paid receipt number R-60262	65.–
Balance due	Ø

PAID
OCT – 3 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

Invoice # _____

Acct. # _____

Work Order # E 20393

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20393

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need

Date 10/1/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Paula Ramirez

in a Liner (Type of Burial Container) Funeral, date, time Weds. Oct 3, 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 8 Section 3 Blk/Row _____ Lot 274 Grave 1

Grave space & Care Fund C-1561	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	1,094.93
Paid receipt number R-60266	1,094.93
Balance due	0

PAID

OCT - 2 2007

MOUNT HOPE CEMETERY

I hereby certify I am the Y Families - Friend of Advisor of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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

Tyrone Brown Print Name

3288 El Cajon Blvd Address

San Diego - CA - 92104 City Zip Code

619-640-4477 Telephone

E-20392

E20393

THE CITY OF SAN DIEGO

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

Date: 10-2-07

I/We Fred Zarse POA FROM RONDALL POTTHOF

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: TYRONE BROWN
Street Address: 3288 EL CAJON, CA Apt / Unit #: #2
City: SAN DIEGO ST: CA Zip-Code: 92104
Telephone #: (619) 640-4477

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

Division: 8 Section: 3" " Blk / Row: " "
Lot(s): 274 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 _____ day 2007

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

Fredric E. Zarse on behalf of Rondall Potthof

WITNESS — Legal Owner / Representative Signature

WITNESS — Legal Owner / Representative Signature

Paulette Crawford
CEMETERY REPRESENTATIVE NAME — Cemetery Representative Signature

CERTIFICATION OF VITAL RECORD

CITY OF MINERAL WELLS, TEXAS

E20393

VITAL STATISTICS DIVISION

STATE OF TEXAS — CERTIFICATE OF DEATH — STATE FILE NUMBER

TEXAS DEPARTMENT OF STATE HEALTH SERVICES – VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last): Roy Edwin Potthoff
(Maiden):
2. DATE OF DEATH – ACTUAL OR PRESUMED: 6-20-2007
3. SEX: Male
4. DATE OF BIRTH: 5-11-1916
5. AGE-Last Birthday (Years): 91
IF UNDER 1 YR: MO / DAYS
IF UNDER 1 DAY: HOURS / MIN
6. BIRTHPLACE (City & State or Foreign Country): Otto, Texas
7. SOCIAL SECURITY NUMBER: 465-07-1078
8. MARITAL STATUS AT TIME OF DEATH: Married; X Widowed; Divorced; Never Married; Unknown
9. SURVIVING SPOUSE (If wife, give name prior to first marriage):
10a. RESIDENCE STREET ADDRESS: 200 S.W. 25th Ave
10b. APT NO:
10c. CITY OR TOWN: Mineral Wells
10d. COUNTY: Palo Pinto
10e. STATE: Texas
10f. ZIP CODE: 76067
10g. INSIDE CITY LIMITS? X Yes; No
11. FATHER'S NAME: William H. Potthoff
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: Ella Mae Leuschner
13. PLACE OF DEATH (CHECK ONLY ONE)
IF DEATH OCCURRED IN A HOSPITAL: Inpatient; X ER/Outpatient; DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice Facility; Nursing Home; Decedent's Home; Other (Specify)
14. COUNTY OF DEATH: Palo Pinto
15. CITY/TOWN, ZIP (If outside city limits, give precinct no): Mineral Wells
16. FACILITY NAME (If not institution, give street address): Palo Pinto General Hospital
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: Ron Potthoff - Son
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code): 11949 Riverside Dr, #36, Lakeside, California 92040
19. METHOD OF DISPOSITION: X Burial; Cremation; Donation; Entombment; Removal From State; Other (Specify)
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACKNOWLEDGING DEATH: Jay Merrell 112013
21. X Unknown; Section; Block; Lot; Space
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Salem Cemetery
23. LOCATION (City/Town, and State): Hallettsville, Texas
24. NAME OF FUNERAL FACILITY: White's Funeral Home
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code): 101 NE 4th Ave, Mineral Wells, Texas 76067
26. CERTIFIER (Check only one):
X Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
27. SIGNATURE OF CERTIFIER: Todd Aspegren
28. DATE CERTIFIED (Mo/Day/Yr): 6/28/2007
29. LICENSE NUMBER: K0176
30. TIME OF DEATH (Actual or presumed): 1:35 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code): Todd Aspegren, 400 S.W. 25th Avenue, Mineral Wells, Texas 76067
32. TITLE OF CERTIFIER: MD

CAUSE OF DEATH

33. PART 1. ENTER THE CHAIN OF EVENTS – DISEASES, INJURIES, OR COMPLICATIONS – THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) --->	a. Respiratory Failure	1hr.
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	b. Congestive Heart Failure	1hr.
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.

34. WAS AN AUTOPSY PERFORMED? Yes; X No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes; No
36. MANNER OF DEATH: Natural; Accident; Suicide; Homicide; Pending Investigation; Could not be determined
37. DID TOBACCO CONTRIBUTE TO DEATH? Yes; No; Probably; Unknown
38. IF FEMALE: Not pregnant within past year; Pregnant at time of death; Not pregnant, but pregnant within 42 days of death; Not pregnant, but pregnant 43 days to 1 year before death; Unknown if pregnant within the past year
39. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator; Passenger; Pedestrian; Other (Specify)
40a. DATE OF INJURY (Mo/Day/Yr):
40b. TIME OF INJURY:
40c. INJURY AT WORK? Yes; No
40d. PLACE OF INJURY (e.g., Decedent's home; construction site, restaurant, wooded area):
40e. LOCATION (Street and Number, City, State, Zip Code):
40f. COUNTY OF INJURY:
41. DESCRIBE HOW INJURY OCCURRED:
42a. REGISTRAR FILE NO.: 02-108-07
42b. DATE RECEIVED BY LOCAL REGISTRAR: June 28, 2007
42c. REGISTRAR: Juanita Formby

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to $10,000. (Health and Safety Code, Sec. 195, 199)

VS-112 REV 1/2006

30937

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

ISSUED JUN 28 2007

Juanita Formby
JUANITA FORMBY
Local Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

E20393

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That

RONDALL POTTHOF

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

MOUNT HOPE CEMETERY
DIV 8 SECTION 3 LOT 274

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

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

x Rondall Potthof

Signature

Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of California County of San Diego

On October 1 2007 before me, the undersigned, a Notary Public in and for said State

personally appeared, Rondall Potthof

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

WITNESS my hand and official seal

PAZ REY BAER
COMM. # 1680701
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
MY COMM. EXP. AUG. 10, 2010

x

Notary Public Signature

(SEAL)

OPTIONAL INFORMATION

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 10/1/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Furuya, Takaye 208019

in a Liner (Type of Burial Container) Funeral, date, time OCT. 8 MON 10:00

Church, Chapel, Graveside : Community Mortuary 619-426-2006

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 4948 Grave 1

Grave space & Care Fund D-B814	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	1,094.93
Paid receipt number Visa Credit Card 055318	1,094.93
Balance due	0

PAID
OCT - 1 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.

201815

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

Signature: George Furuya

Print Name: GEORGE FURUYA JR

Address: 7868 LA GACHA LN

City: CARLSBAD, CA Zip Code: 92009

Telephone

Invoice # _____

Work Order # E 20394

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20394

MOUNT 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

		FURUYA	X	KAMENIDES		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Takaye Furuya

Interment Date: Mon 10/8 Time: 1000 hrs.

Div: 10 Sect: _____ Blk/Row: _____ Lot: 4948 Grave: 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 at: _____ of grave

E20394

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TAKAYE	-	FURUYA	04/08/1922	09/30/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	GEORGE FURUYA JR, SON 7968 LA GACHA CARLSBAD, CA 92009

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA CA 91911	FD1682	▶	10/02/07

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	10/02/2007	▶ 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
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO CA 92102	11B. DATE BURIED 10-3-07	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.)

Pre-need
LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/1/07

231124 231125

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of King O Taylor Sr King O Taylor JR

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

Church, Chapel, Graveside _____ : _____ Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 109 Grave 4

Grave space & Care Fund	2,264.00
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 x 65	130.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number R-60264	4,497.77
Balance due	0

PAID
OCT - 1 2007
MOUNT HOPE CEMETERY

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

231123

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

RBradley
Signature

Rochelle Bradley
Print Name
5432 Creston Dr
Address
San Diego Ca, 92114
City Zip Code
(619) 255-4490
Telephone

Invoice # _____

Work Order # E 20395

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20395

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20395 DATE: 10/1/2007

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: Rochelle Bradley and their heirs

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

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 109 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 1st day of October, 2007.

Signature / Date

Cemetery Manager

DIVERSITY

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
in grave with Jerry Daniel (husband) 207469

Date 10/1/2007

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

of Mildred Daniel ⊗ Peterson

in a Ash Vault (Type of Burial Container) Funeral, date, time AYD 10/10/2007

Church, Chapel, Graveside - : Telephase Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 758 Grave 1 (b)

Grave space & Care Fund A-9364	-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 AP55426B Mastercard	510.06
Balance due	-0-

PAID
OCT - 3 2007
MOUNT HOPE CEMETERY

Mailed interment order 10/2/07

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.

231163

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

⊗ Patricia Vanover
Signature

⊗ Patricia Vanover
Print Name
1209 Columbus Way
Address
Vista CA 92081
City Zip Code
(760) 598-6658
Telephone

Invoice # _____

Work Order # E 20396

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20396

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Jerry C Daniel

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

	NEWAM HERNANDEZ		X			
			Fitch			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Mildred Daniel ⊗

Interment Date: _____ Time: AYD

Div: 8 Sect: 1 Blk/Row: ____ Lot: 758 Grave: 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 at: _____ of grave

Delivery M1 Hop

E20396

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
MILDRED	BERDEEN	PETERSON	07/09/1905	09/29/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VISTA	SAN DIEGO	PATRICIA VANOVER, DAUGHTER 1209 COLUMBUS WAY VISTA, CA 92081

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
TELOPHASE CREMATION SOCIETY-SD, 7851 MISSION CENTER CT #104 SAN DIEGO, CA 92108	FD-1272

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
		Harrol Hudson	10/03/2007

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		11.00	10/03/2007	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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 10-10-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC., 14065 HWY 8 BUSINESS EL CAJON, CA 92021	12B. DATE CREMATED 10/6/07	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

6 CHAIRS

At Need

City of San Diego

Date 10/2/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Glendon Drake 231156

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Tues OCT 9 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 11 Section 1 Blk/Row ~ Lot 113 Grave 10

Grave space & Care Fund ..... E-6972 (1987) Θ

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 60280 598

CHK 3170

Balance due Θ

PAID OCT - 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.

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

X [signature]
Signature

X Deborah L Ingalls
Print Name

X PO Box 2188
Address

X Alpine CA 91903
City Zip Code

X 619-445-3678
Telephone

Invoice # _____

Work Order # E 20397

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

E20397

INTERMENT ORDER

City of San Diego

Date 10-15-87

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains of Joyce L. Drake

in a Double Crypt (Vault/Liner) Funeral, date, time Mon 10-19 1pm.

Church, Chapel, Graveside [redacted] Lakeside 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 113 Grave 10 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	19.80
Total Due	1579.80
Paid receipt number 35168	1579.80
Balance due	-0-

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

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

_____
Signature of recorded holder of deed

G. H. Drake
Signature

6402 LAKE ATHABASKA PL
Address

SAN DIEGO CA 92119
State Zip Code

469-1754
Telephone

Invoice # _____

Work Order # E 6972

Acct. # _____

PY-593 (REV. 8-86)

E20397

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Janice E. Drake "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"

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Glendon Drake

Interment Date: Tues Oct. 9th Time: Graveside

Div: 11 Sect: 1 Blk/Row: ~ Lot: 113 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

E20397

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
GLENDON	HAYS	DRAKE	09/10/1930	10/01/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LINNIE DRAKE, MOTHER 11529 WOODSIDE AVE SANTEE, CA 92071

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAJON-LAKESIDE-SANTEE MORTUARY & CREM SER, 684 S MOLLISON AVE EL CAJON, CA 92020	FD1022	▶ [signature]	10/02/2007

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	10/02/2007	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 MOUNT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92101	11B. DATE BURIED 10-9-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
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

Pre-need Lot & Trust

Date 10/2/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruthie L. Mitchell Pin # 231126

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 251 Grave 6

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number B 60267 AP 062478	3,358.93
Balance due	-0-

PAID
OCT - 2 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 Ruthie L Mitchell

Ruthie L. Mitchell
Print Name
250 Euclid Ave. Apt. "L"
Address
San Diego, CA 92114
City Zip Code
(619) 262-1730
Telephone

Invoice # _____

Work Order # E 20398

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20398

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20398 DATE: 10/2/2007

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: Ruthie L Mitchell and their heirs

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

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 251 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 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 2nd day of October, 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
in grave w/carl feeney

Date 10/3/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aileen Feeney ⊗ #231200 SAT.

in a ASH VAULT (Type of Burial Container) Funeral, date, time NOV. 3 2007. 1:00

Church, Chapel, Graveside ; Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 1 Section 6 Blk/Row _____ Lot 71 Grave 2

Grave space & Care Fund D-2055	Ø
Overtime/Late Arrival Fees SAT. FEE	298.00
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	612
Total Due	682.12
Paid receipt number R-60312	682.12
Balance due	Ø

PAID
OCT 18 2007
MOUNT HOPE CEMETERY

I hereby certify I am the GRAND 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.

231199

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

Signature Lynne Corwin

Print Name LYNNE CORWIN

Address 42960 STATE HWY 74

City HEMET, CA 92544 Zip Code

Telephone 951-927-1125

Invoice # _____

Work Order # E 20399

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20399

MT. HOPE CEMETER

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-18 1972

CHARGE Ruth A. Hinshaw

ADDRESS 3844 Albatross St. S.D. (3)

NAME OF DECEASED Pre-need

OWNER Same

ADDRESS

MORTUARY

E LOT 71 GR 2 ROW SEC 6 DIV 1 75.00

OPENING TIME DAY DATE

VAULT BOX SIZE

REMOVAL OR FOUNDATION VET.

TOTAL $75.00

PAID RECEIPT NUMBER 19515

BALANCE

Double Ash Plot
2 x 1 flush marker Only

PAID
AUG 18 1972
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.

#6335

AUTHORIZED IN PERSON PHONE BY Ch/Infmail

ORDER TAKEN BY R.W. Dahne

W.O. NO. D 2055

INVOICE NO. Cash

FORM PR-974 REV.

E20399

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Carl J. Feeney ⊗ Double Ash Plot

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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: Aileen Feeney ⊗

Interment Date: _____ Time: _____

Div: 1 Sect: 6 Blk/Row: ____ Lot: 71 Grave: 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 at: _____ of grave

23900 · E20399

99

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AILENE	BRADY	FEENEY	03/10/1908	09/23/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LYNNE CORWIN, DPOA 47960 STATE HIGHWAY 74 HEMET, CA 92544

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
MERKLEY MITCHELL MORTUARY, 3655 FIFTH AVE SAN DIEGO, CA 92103	FD119	▶ Kim Beaulieu	09/24/2007

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	09/25/2007	▶ 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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY HOLY CROSS CEMETERY 4470 HILLTOP DR-SAN DIEGO, CA 92102	11B. DATE BURIED 11-3-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Noriega	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE-COSTA MESA, CA 92626	12B. DATE CREMATED SEP 27 2007	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE *PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER* DISPOSITION OF THE 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 late arrival 3:20

Date 10/03/07

231159

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anthony Courtney Hampton-Pleasant in a Topseal Vault (Type of Burial Container) Funeral, date, time Tues. Oct. 9th 12:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 74 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 VISA AP092618	3,507.51
Balance due	0

PAID OCT - 5 2007 MOUNT HOPE CEMETERY

P60278

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.

231158

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

Signature: Brenda Hampton

Print Name: Brenda Hampton

Address: 1719 Olamar Way

City: San Diego, CA Zip Code: 92139

Telephone: (619) 742-6490 (619) 267-9106

Paulette

Invoice # _____

Work Order # E 20400

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E 20400

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container + seal

			X ANTHONY HAMPTON PLEASANT			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Anthony Courtney Hampton

Interment Date: 10/09/2007 Time: 12:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 74 Grave: 11

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

E 20400

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 39

1A. NAME OF 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	COURTNEY	HAMPTON	09/12/1968	10/01/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	BRENDA HAMPTON, SISTER 1719 OLAMAR WAY SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Brenda Hampton	10/08/07

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	10/08/2007	▶ 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)	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 10-9-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 10/3/07

231162

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kershawnel Miller ⊗ 2007

In a N/A (Type of Burial Container) Funeral, date, time 10/12 11:00

Church, Chapel, Graveside : Ragsdale Mortuary Kevin

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

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 133 Grave 1

Grave space & Care Fund	566.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	199.00
Burial Container N/A	—
Handling Fees N/A	—
Flower vases / Marker setting fee	237.00
Recording/Filing/Transfer Fees	85.00
Sales taxes N/A	
Total Due	1,087.00
Paid receipt number R-60282	1,087.00
Balance due	0

PAID

OCT - 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 Clara Miller-Witherspoon

Print Name

X Pin # 231161

Address

City Zip Code

582-6322

Telephone

MS. Weatherspoon, Clara

Invoice # _____

Work Order # E 20401

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E2040

MOUNT 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

		Jordan	Tree			
		Norman	Shea			
			X			
			Gillespie	Purdy		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Kershawnel Miller Ø

Interment Date: _____ Time: _____

Div: 8 Sect: 4 Blk/Row: ____ Lot: 133 Grave: ____

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

E20401

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

38 9823-03

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KERSHAWNEL	DENISE	MILLER	05/20/1969	09/29/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	CLARA MIILER-WITHERSPOON, MOTHER 6633 RISA LANE 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 making permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Shemilla Fryar	10/3/07

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	10/03/2007	▶ 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
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 10-12-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIF CREMATORY:601-D CRANE ST., LAKE ELSINORE, CA 92530	12B. DATE CREMATED 10-10-07	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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CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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

BC NEED

Date 10-4-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALYNE SPOLARICH Pin# 226604

in a LINER (Type of Burial Container) Funeral, date, time OCT 10 WED 12:00

Church, Chapel Graveside NO : CYPRESS VIEW Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 190 Grave 1

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

PAID OCT - 4 2007 MOUNT HOPE CEMETERY

E-15993
C-9262

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

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

Signature

Print Name: Carol Davis

Address: 11460 Faisan Way

City: San Diego Zip Code: 92124

Telephone: (858) 361-2271

Tom

Invoice # _____

Work Order # E 20402

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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QUESTION
TEXAS MARKER?

CYPRESS VIEW -

ONE WITNESS
TO VIEW
FINAL INTERMENT

Alderman

E20402

E20402

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

		PRICE	X	LACY		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Alyne Spolarich

Interment Date: 10/10/2007 Time: 12:00

Div: 10 Sect: _____ Blk/Row: ____ Lot: 190 Grave: 1

Grave Laid out by: Norman Lepuen

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20402

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

97

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALYNE	DIANE	SPOLARICH	10/08/1909	10/04/2007	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	CAROL DAVIS, NIECE 11460 FAISAN WAY SAN DIEGO, CA 92124

7A. TYPED NAME AND ADDRESS OF 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	▶ Carol Davis	10/05/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	10/05/2007	▶ 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 10-10-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fogus		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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

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PRE-NEED
to At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-8-07

231149

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HAYWOOD-BRONNAX, RENEE LOUISE 100

in a LINER (Type of Burial Container) Funeral, date, time Mon. OCT 29, 2007

Church, Chapel, Graveside Calvary 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 156 Grave 11

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R00999 CASHIERS CK 1210242	3358.93
Balance due	0

PAID OCT 8 2007 MOUNT HOPE CEMETERY

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.

231150

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

Signature: Rubi Pottinger

Print Name: RUBI POTTINGER

Address: 144 S. 45TH ST

City: SAN DIEGO Zip Code: 92113

Telephone: 619-263-8274

Invoice # _____

Work Order # E 20403

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20403

MOUNT 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

		Brown Lott	X.			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Renee L. Haywood - Brona x

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 156 Grave: 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 at: _____ of grave

E20403

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

55

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RENEE	LOUISE	HAYWOOD BROADNAX	01/04/1952	10/21/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CARLSBAD	SAN DIEGO	RUBI POTTINGER, EXECUTOR 144 S 45TH STREET SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking parcel	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	Victoria Mitchell	10/26/07

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 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	10/26/2007	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 10-29-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

COPY 2 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.8, 7116, 7117, AND 103060.

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At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/8/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby J. Johnson 231175 12:00

in a Liner (Type of Burial Container) Funeral, date, time OCT. 16th Tuesday

Church, Chapel, Graveside Phillips Temple 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 2 Blk/Row _____ Lot 76 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	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,536.93
Paid receipt number R-60306	3,536.93
Balance due	Ø

PAID
OCT 15 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. 231174

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

Stacey D Harris (Signature)
Michael D Jones
2836 Heather ST
LA 90014

STACEY D. HARRIS (Print Name)
4127 Dafter Dr (Address)
San Diego, CA 92102 (City, Zip Code)
(619) 264-5545 (Telephone)

Work Order # E 20404

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20404

MOUNT 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

		EUGENE WATERS	X	MICHAEL HAYWOOD		

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Ruby J. Johnson

Interment Date: 10/16/07 Tues Time: 12:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 76 Grave: ____

Grave Laid out by: KENNETH COLLINS & JOSH

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: [signature] Date 10-15-2007

Cremains were placed at: _____ of grave

E20404

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

72

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RUBY	JEAN	JOHNSON	11/10/1934	10/10/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	STACEY HARRIS, DAUGHTER 4927 DAFTER 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	9A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Siennika Pryor	10/15/2007

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	10/15/2007	▶ 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
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 10-16-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Freyer	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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.)

FAXED AND BAGS 10-9 11AM

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NGGD

Date 10-9-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN L LAWSON 211844 18 00

in a DD # A (Type of Burial Container) Funeral, date, time 10-12 FRI

Church, Chapel, Graveside 61st Church ANDERSON-BAGLY Mortuary

All Funeral cars 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 175 Grave 10

Grave space & Care Fund (E-13403)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

ARMY

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 20405

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20405

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/22/97

The Need Not a Trust for

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John & Bertha Lawson

in a Double Depth (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 175 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	paid in full 2-19-97
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2044.45
Paid receipt number 48224	$544.45
48300 Balance due	1500.00
	1500.00

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

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

_____
Signature of recorded holder of deed

X John L. Lawson
Signature
X 321 CORTE NACION
Address
X CHULA VISTA, CA. 91910
City Zip Code
X (619) 420-8256
Telephone

Invoice # _____

Work Order # E 13403

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

printed on recycled paper

E 20405
61236

OFFICIAL RECEIPT

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

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

Date: October 14, 2008

From: Bertha Lawson Address: 3928 Stonemonti Dr., Hemet CA 92545

Two Hundred fifty-five and 00/00 — Dollars ($ 255.00)

in Full Payment of Setting fee for VA Bronze Marker

Div 12 Sec 2 Blk/Row Lot 175 Grave 10

Invoice No. E020405

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge AP 014554
☐ Check

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

PAID
OCT 14 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	
Recording &	100	
Misc. Fees	77183	255.00 misc.
Sales Tax	60101	
	78390	
TOTAL PAID	$	255.00

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

E20405

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container DD

			John Lawson X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: John Lawson

Interment Date: 10/12/07 Time: 2:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 175 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

E20405

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

82

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	LUTHER	LAWSON SR	12/27/1924	10/05/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BERTHA LAWSON, WIFE 321 CORTE NACION 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 – Partially filling permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Bernice Ragsdale	10/10/07

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed alleged 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	10/10/2007	▶ 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 10-12-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 10/9/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roosevelt A. Mullen Pin 215836 11:00

in a Liner (Type of Burial Container) Funeral, date, time Thurs. Oct. 11 2007

Church, Chapel, Graveside _____ ; Rogdale Mortuary.

All Funeral cars 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 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	1679.47
Paid receipt number R-60292	1679.47
Balance due	0

PAID
OCT 11 2007
MOUNT HOPE CEMETERY

P.A Kim White 858-694-2326

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.

215888

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Paulette

Work Order # E 20406

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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LOW INCOME

E 20406

002

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 10/9/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roosevelt A. Mullen Pin 215836 11:00

in a Liner (Type of Burial Container) Funeral, date, time Thurs. Oct. 11 2007

Church, Chapel, Graveside Rogedale Mortuary

All Funeral cars 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 Bld/Row _____ Lot 14 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 1679.47

P.A. Kim White 858-694-2326

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 _____ Please Print

PUBLIC ADMINISTRATOR/GUARDIAN

ESTATE OF Roosevelt Mullen

BY _____ Signature

10/10/07

Paulette

Work Order # E 20406

Invoice # _____

Acct. # _____

RSA-104 (2-04)

This information is available in alternative formats upon request.

SAN DIEGO CNTY PAPG

10/10/2007 WED 15:28 FAX 858 495 5126

FROM

E20406

Revised July 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: Roosevelt Mullens

Address: 446 N. 30th St, SAN DIEGO

City: CA State Zip Code 92102

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 [illegible]

PUBLIC ADMINISTRATOR/GUARDIAN
ESTATE OF Roosevelt Mullens
BY [signature] 10/10/07

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 _____
Current _____ documents verified

Approved by Date

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4127
Tel (619) 527-3400 • Fax (619) 527-3403

10/10/2007 WED 15:28 FAX 858 495 5126 SAN DIEGO CNTY PAPG 001
FROM

*** REC 2007282 133335 H69D04E0 C4NG CIPQYAG PQAG (F-HBE) ***

SOCIAL SECURITY ADMINISTRATION

Date: October 9, 2007
Claim Number: 556-36-4127C1

DIRECTOR HHSA FOR
ROOSEVELT A MULLEN
P O BOX 122028
SAN DIEGO CA 92112-2028

You asked us for information from ROOSEVELT MULLEN'S record. The information that you requested is shown below.

Information About Current Social Security Benefits

Beginning December 2006, the full monthly Social Security benefit before any deductions is.....$ 373.10

We deduct $0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....$ 373.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (Fc 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

FAXED TO 6192361507

Type of Social Security Benefit Information

You are entitled to monthly benefits as a disabled dependent of the wage earner.

ATTN: Paulette

Pre-need Arrangement

I wish the services to be held at Logan Temple A.M.E. Church public ☒ private ☐

My church affiliation is ~~Straight~~ Logan Temple Minister

I desire my own ☐ new ☐ clothing To Be Selected at Time of Need

Music selection Soloist

Other instructions

I prefer cremation Signed authority attached Urn Niche

Interment location Mt. Hope Cemetery Lot 280, Grave 2, Sect. 14, Div. 7 Double depth privilege

Grave purchased by Mattie Mullen

VITAL STATISTICS RECORD

Name ROOSEVELT MULLEN Social Security No. 556 36 1804

Address 446 N. 30th St.: San Diego, Calif. Phone 233-0543

Single ☒ Married ☐ Widowed ☐ Divorced ☐ Spouse of

Resident of Since 1944 YEARS COUNTY Occupation Laborer at Convair Aircraft

Date of birth September 9, 1926 Birthplace Bonita, Louisiana

Father's name Eugene Mullen Birthplace Louisiana

Mother's maiden name Mattie Wilson Birthplace Louisiana

Veteran of Branch of service Rank

Serial No. Date-Entry Discharge

Relationship	Name	Address	City	State
Mother	Mattie Mullen: 446 N. 30th St. San Diego, Calif.			
6 Brothers:	Robert Mullen 3011 Imperial Ave.: San Diego, Calif.			
2 Sisters:	Oralia Harris and Mattie Mullen both of 446 N. 30th St. San Diego, California			

E20406

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Roosevelt A. Mullen PA.

Interment Date: Thurs 10/11 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 14 Grave: 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 at: _____ of grave

E 20406

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROOSEVELT	-	MULLEN	09/09/1926	09/28/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	KIMBERLY WHITE, 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
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Shenika Pryor	10/9/07

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	10/09/2007	▶ WILMA WOOTEN, MD

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10/11/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fong	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

SHADE + 6-10 CHAIRS

At Need Non-Res

Date 10/10/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annalee Knee 21135

in a Liner (Type of Burial Container) Funeral, date, time Mon. OCT. 15th 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 9 Section 3 Blk/Row _____ Lot 259 Grave 1

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	275.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	27.82
Total Due	1,454.82
Paid receipt number Visa Card Ap # 012741 CK 12114325	885.12
Balance due	569.70

PAID OCT 15 2007 MOUNT HOPE CEMETERY

Canopy

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

Corretta (Greenwood) 264-3131 ext 220

X 231160 Print Name

X Address

X City Zip Code

X Telephone

See attached

Invoice # _____

Work Order # E 20407

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20407

MT. HOPE CEMETERY

INTERMENT ORDER

At Need
Non-Res

City of San Diego

Date 10/10/07

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

in a Liner (Type of Burial Container) Funeral, date, time Mon. OCT. 15th 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 8 Section 3 Blk/Row _____ Lot 259 Grave 1

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	275.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	27.82
Total Due	1,454.82
Paid receipt number	
Balance due	

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

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

Signature

Corretta (Greenwood)
264-3131
ext 220

X Karen L Pierson
Print name

X 2125 Donahue Dr
Address

X El Cajon 92019
City Zip Code

X 619-588-0595
Telephone

TOTAL P.01

E 20407

MOUNT 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 Lines

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Annalee Knee

Interment Date: Mon. Oct 15 Time: 11:00 A.S.

Div: 8 Sect: 3 Blk/Row: ____ Lot: 259 Grave: 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 at: _____ of grave

E20407

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL; _____

CALL TAKEN BY: _____

RECEIVED CALL FROM:

☐ MORTUARY NAME: Greenwood ?

☐ FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: _____

TELEPHONE NO: _____

NAME OF DECEASED:

LAST NAME: Knee, Annalee

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: 8 SECT: 3 BLK/ROW: ____ LOT: 259 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: _____

E 20407

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 95

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANNALEE	S.	KNEE	05/23/1912	10/09/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	KAREN PIERSON, GRANDDAUGHTER 2125 DONAHUE DRIVE EL CAJON, CA 92019

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT (Person taking permit)	8B. DATE SIGNED
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE PO BOX 88 SAN DIEGO, CA 92112	FD843	▶ [signature]	10/11/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	10/11/2007	▶ 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	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL		
	MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	10/15/07	▶ 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 10/10/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fayne Gibson 229059 10:00

in a Liner (Type of Burial Container) Funeral, date, time Friday Oct. 12, 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 246 Grave 5

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	$ 3358.93
Paid receipt number R-60293	3,358.93
Balance due	Ø

PAID
OCT 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.

231171

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

Denise K. Gibson
Signature

Sharon Y. Gibson

Sharon Y. Gibson
Print Name

3919 Teak St.
Address

San Diego, Ca. 92113-2868
City Zip Code

619-263-1443
Telephone

Invoice # _____

Work Order # E 20408

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20408

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: _____

CALL TAKEN BY: _____

RECEIVED CALL FROM:

[X] MORTUARY NAME: Anderson Ragsdale

[ ] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: _____

TELEPHONE NO: _____

NAME OF DECEASED:

LAST NAME: Gibson

FIRST NAME: Fayne

DOD: _____ DOB: _____

VETERAN [ ] BRANCH OF SERVICE: _____

[ ] REGULAR SIZE CASKET [ ] OVERSIZE [ ] CHILD

FUNERAL SERVICE

TYPE OF SERVICE: [X] CHURCH [ ] CHAPEL [ ] GRAVESIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: 10/12/07 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: _____

E20408

246-5-2-12

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Fayne Gibson

Interment Date: 10/12/07 Time: 10:00 Chunch

Div: 12 Sect: 02 Blk/Row: 5 Lot: 256 Grave: 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 at: _____ of grave

E 20408

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

78

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FAYNE	RUBY	GIBSON	03/01/1929	10/04/2007 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	SHARON GIBSON, DAUGHTER 3119 TEAK STREET SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sienna Kapp	10/9/07

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103058 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	10/09/2007	▶ 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
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 10-12-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Michael J. Austin	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDHESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.)

20409

OFFICIAL RECEIPT

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

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

61514

Date: March 17, 20 09

From: Aaron Gibson Address:
Forty three 09/xx Dollars ($ 33.09)

in Payment of Galvanized vase for Fayne Gibson

Div 12 Sec 2 Blk/Row Lot 246 Grave 5

Invoice No. E-20408

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☒ Charge AP 013442
☐ Check

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

ISSUED BY Maria

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182	14	00
	100		
Handling Fee	77185	18	00
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101	1	09
	78390		
TOTAL PAID	$	33	09

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

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/11/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thomas Olesky 231173

in a Liner (Type of Burial Container) Funeral, date, time Tues. Oct. 16th 10:30

Church, Chapel, Graveside Direct Burial ; 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 12 Section 1 Blk/Row _____ Lot 87 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	3358.93
Paid receipt number R-60291	3,358.93
Balance due	Ø

PAID
OCT 11 2007
MOUNT HOPE CEMETERY

fax 619 337-8300

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

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

Signature _____

See attached 231172

Print Name

Address

City Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 20409

REA-104 (3-04)

This information is available in alternative formats upon request.

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E 20409

Direct Burial

MOUNT 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 P.A. Case (Estate)

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Thomas Olesky

Interment Date: Tues. Oct. 16th Time: 10:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 87 Grave: 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 at: _____ of grave

E 294109

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FND.

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
THOMAS	ROBERT	OLESKY	09/09/1934	08/22/2007	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	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 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code	8A. SIGNATURE OF APPLICANT – Person making permit	8B. DATE SIGNED
		Flora Juarez	10/11/2007

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	FLORA JUAREZ 10/11/2007	2701566

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10-16-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Michael J. Grant	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. 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

Date 10/11/2007

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

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. _____

PAID

OCT 11 2007

MOUNT HOPE CEMETERY

Division 10 Section _____ Blk/Row _____ Lot 1966 Grave 1

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees Quitclaim/ownership change	85.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	85.00
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.

See attached
Signature

Philip Mark Williams
Print Name

P. O. Box 601
Address

Silverton, OR, 97381-0601
City Zip Code

(503) 873-2054
Telephone

Work Order # E 20410

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E 20410

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 #10 Section _____ Lot 1966 Grave 1

2. My legal authority to the above property is based on the following facts: I am the son - of Walter J. Williams. He passed away 12/31/93 and I am his only heir.

3. I have presented the following evidence to support the above facts.
A copy of my Father's dead certificate

E20410

I declare under penalty of perjury under the laws of the State of California that the statements before mentioned are true and correct.

Signed on Oct 10, 2007 (Date) in San Diego (City)

Signature Philip Mark Williams Print Full Name Philip Mark Williams

To have deed sent to you, fill in your mailing address here:

Full Name Philip Mark Williams 231153

Address P.O. Box 601

City, State & Zip Code Silverton OR 97381

4. The Last Step: To finish transfer of ownership, you must **EITHER**:

(1) File this form with the Mt. Hope Cemetery Administrative Office; **OR**

(2) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102.

(3) Enclose a check or money order for ($130) for Transfer fee ($65) and Deed Re-issue ($65). These monies will be returned if transfer not allowed.

5. Notarization: Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of _____

ss.

County of _____

On this _____ day of _____ in the year _____, before me _____

personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument, and acknowledged that they executed it.

_____

Notary Public

E20410

FOR OFFICE USE ONLY

Witnessed:

Signed on 10/11/2007 (Date), _____ in San Diego (City)

Signature Maria F. Dovensky Print Full Name Maria F. Dovensky

Documents Presented:

Notarized letter from Co-owner
Father's dead certificate

Approved by Cemetery Manager: Maria F. Dovensky Mgr

If no, reason:

Transfer fee paid ($65.00) _____ **Non Resident Transfer** ($85.00) ✓

DL

Rev. 08/05

E20410

007581

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER — STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME First: Walter Middle: J. Last: WILLIAMS
2. DATE OF DEATH (Month, Day, Year): December 31, 1993
2a. COUNTY OF DEATH: Clark
3b. CITY, TOWN, OR LOCATION OF DEATH: Las Vegas
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): 709 Park Paseo East
3a. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
4. SEX: M
5. RACE—(e.g., White, Black, American Indian, etc) (Specify): White
6. Was Decedent of Hispanic Origin? Specify ☐ yes ☐ no If yes, specify Mexican, Cuban, Puerto Rican, etc.
7a. AGE—Last Birthday (Years): 77
7b. UNDER 1 YEAR: MOS. DAYS
7c. UNDER 1 DAY: HOURS MINS
8. DATE OF BIRTH (Mo., Day, Yr.): April 9, 1916
9. STATE OF BIRTH (If not in U.S.A., name country): Texas
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. Decedent's Education. Specify highest grade completed: 15
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
12a. SURVIVING SPOUSE (If wife, give maiden name)
13. SOCIAL SECURITY NUMBER: 462-07-9910
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Rancher/Retired
14b. KIND OF BUSINESS OR INDUSTRY: Agriculture

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

15a. RESIDENCE—STATE: Nevada
15b. COUNTY: Clark
15c. CITY, TOWN, OR LOCATION: Las Vegas
15d. STREET AND NUMBER: 709 Park Paseo
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes
16. FATHER—NAME First: Thomas Middle: Jackson Last: Williams
17. MOTHER—MAIDEN NAME First: Middle: Last:
18a. INFORMANT—NAME (Type or Print): Philip Mark Williams -Son
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): P.O. Box 601 Silverton, Oregon 97381
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Palm Crematory
19c. LOCATION City or Town: Las Vegas State: Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): Ken Woodbury
20b. FUNERAL DIRECTOR LICENSE NUMBER: 27
20c. NAME AND ADDRESS OF FACILITY: Palm Mortuary 1325 No. Main St. Las Vegas, Nevada

To be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)
21b. DATE SIGNED (Mo., Day, Yr.)
21c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be completed by Coroner's Office

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)
22b. DATE SIGNED (Mo., Day, Yr.): 1-4-94
22c. HOUR OF DEATH: Bef. 12:30 p.m.
22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON: 12/31/93
22e. PRONOUNCED DEAD (Hour) AT: 12:30 p

E955.0

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): G. Sheldon Green, MD, Chief Med. Exam., 1704 Pinto, Las Vegas, NV
23b. LICENSE NUMBER: 3004

24a. REGISTRAR (Signature): Jan Briski, Deputy
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JAN 06 1994
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Gunshot wound of head (mouth), contact type — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(c) — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.
Chronic obstructive pulmonary disease
26. AUTOPSY (Specify Yes or No): No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): Yes

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify): Suicide
28b. DATE OF INJURY (Mo., Day, Yr.): Dec 31 1993
28c. HOUR OF INJURY: Bef. 12:30 P M
28d. DESCRIBE HOW INJURY OCCURRED: Shot self with .357 magnum revolver
28e. INJURY AT WORK (Specify Yes or No): No
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): Residence
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE: 709 Park Paseo East, Las Vegas, NV

No. 056476

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: BR

MAR 01 1995

E 20410

June 16, 2006

Ms Pamela Hetzel
Clerk, Mt Hope Cemetery
3751 Market ST, MS 72
San Diego, CA 92102

Dear Ms Hetzel,

I wish to release interest in the plot site, Division 10, Lot 1966. It is my wish that this plot become the property of my late husband's brother, Phillip Mark Williams.

If other documents are necessary to complete this transfer, please let me know.

Sincerely,

Suzanne Williams Edmondson

Suzanne Williams Edmondson

515 NW 37th ST
Oklahoma City, OK 73118
405-525-6629

few fund@cox.net

Hugh A. Casey
Comm #00019702
1/7/09

SUPREME COURT OF OKLAHOMA
JUSTICE JAMES E. EDMONDSON
ROOM 202 STATE CAPITOL
OKLAHOMA CITY, OKLAHOMA 73105

OKLAHOMA CITY
OK 731 2 1
19 JUN 2025 PM

Pamela Hetzel
Clerk, Mt Hope Cemetery
3751 Market St. MS72
San Diego CA 92102

92102+4527 C015

01402 E 20410

E 20410

THE CITY OF SAN DIEGO

October 31, 2006

Suzanne Williams Edmondson
515 NW 37th ST
Oklahoma City, OK 73118

Dear Ms. Edmondson,

On June 19, 2006 we received a letter that you would like to release the location site Division 10, Lot 1966 to your late husband's brother, Phillip Mark Williams. Please send a check, cashier's check or money order in the amount of $ 65.00 to cover the processing transfer fee.

Should you have any questions, please call me at (619) 527-3400.

Sincerely,

Paulette Crawford

Paulette Crawford
Clerical Assistant II

PC:pc

DIVERSITY

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

E20410

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: e-20410 DATE: 10/11/2007

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: Philip Mark Williams and their heirs

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

DIVISION: 10 SECTION: BLOCK / ROW: LOT: 1966 GRAVE(s): 1
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

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

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

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

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 11st day of October, 2007.

Philip Mark Williams
Signature / Date

Maria A. Doversky for
Cemetery Manager

DIVERSITY

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

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/11/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CARRIE LUSTER @ 23½ 59 Thurs.

in a ASH VAULT (Type of Burial Container) Funeral, date, time ~~Oct~~ Nov 29th 1:00

Church, Chapel, Graveside Witness : 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 7 Section 17 Blk/Row ~ Lot 58 Grave 11

Grave space & Care Fund C-8060 (1969)	∅
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-60547	384.12
Balance due	∅

PAID NOV 28 2007 MOUNT HOPE CEMETERY

Fax 619-466-4461 Molt 2 Pay

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

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

Signature

Print Name

Address

City Zip Code

Telephone

See Attached

Paulette

Invoice # _____

Work Order # E 20411

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20411

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 10/11/07

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

in a ASH VAULT (Type of Burial Container) Funeral, date, time Oct 25 2pm

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 7 Section 17 Blk/Row ~ Lot 58 Grave 11

Grave space & Care Fund	C-8060 (1969)	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

Bishop Mortuary to pay

Paid receipt number _____

Balance due _____

I hereby certify I am the eldest 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.

Laveria Taylor
Signature

Laveria Taylor
Print Name
5518 Z Street
Address
San Diego 92113
City Zip Code
619 234-1249
Telephone

Invoice # _____

Work Order # E 20411

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

~~Paulette – We will call you on the day we will schedule for incurrment~~

Thursday Oct 25, 2007 @ 2pm

Graveside Service Incurrment

Pls confirm if that is ok

Thank you for all of your Professional Help

– OK –

10/17/2007 11:36 6194664461 BISHOP MORTUARY PAGE 01
(THU)OCT 11 2007 15:05/ST. 15:04/No. 7500000266 P
FROM

E20411

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH husband (Gaddis Luster) - 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

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Carrie Luster ⊗

Interment Date: Nov. 29th Time: 1:00

Div: 7 Sect: 17 Blk/Row: ____ Lot: 58 Grave: 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 at: CENTER of grave

E20411

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 85

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CARRIE	-	LUSTER	08/23/1922	10/09/2007	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	LAVERIA TAYLOR, DAUGHTER 3518 Z STREET SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673	▶	10/19/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/19/2007	▶ 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
CREMATION/ BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY,3751 MARKET ST.,SAN DIEGO,CA 92102	11B. DATE BURIED 11-29-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC.,14065 HWY 8 BUS.,EL CAJON,CA 92021	12B. DATE CREMATED 11/2/07	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

Preneed TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/12/07

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

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division MAS Section S Blk/Row _____ Lot 57 Grave 7

Grave space & Care Fund A-6186	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 P-01004	510.06
Balance due	0

PAID

OCT 12 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.

Signature: Linda Fritzges

Print Name: LINDA FRITZGES

Address: 9417 Jewell

City: La Mesa Zip Code: CA 91941

Telephone: 619-469-2676

Invoice # _____

Work Order # E 20412

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 10/12/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Linda Fritzges / Mary White

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 MAS Section S Blk/Row _____ Lot 57 Grave 6 & 7

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees (Quitclaim)	85.00
Sales taxes	
Total Due	85.00
Paid receipt number R-60303	85.00
Balance due	0

PAID
OCT 12 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 Linda Fritzges

LINDA FRITZGES
Print Name
9417 LAVELL ST.
Address
LA MESA, CA. 91941
City Zip Code
619-469-2676
Telephone

Invoice # _____

Work Order # E 20413

Acct. # _____

REA-104 (3-04)

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E20413

E20413

THE CITY OF SAN DIEGO

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

Date: 10-12-07

I/We Betty Leach

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Linda Fritzgen & Nancy White

Street Address: 10024 Cedar Springs Dr. Apt/Unit #: _____

City: Santee ST: _____ Zip-Code: 92071

Telephone #: (619) 448-0074

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: MASON Section: "S" Blk / Row: " "

Lot(s): 57 Grave(s): 6 & 7

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

WITNESS my/our hand this OCT. day 12 2007

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS	X Betty C. Leach Legal Owner / Reprehensive Signature
WITNESS	Legal Owner / Reprehensive Signature
Maria G. Dovensky CEMETERY REPREHENSIVE NAME	Maria F. Dovensky Cemetery Reprehensive Signature

DIVERSITY

Mt. Hope Cemetery

Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527

Tel (619) 527-3400 • Fax (619) 527-3403

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 10/15/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OLA MAE HOLLINS

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

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 14 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	
Balance due	

10/26/07 Void per CA Burial. She was cremated & family is taking her home.

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 Walthea Graham
Signature

Paulette

X WALTHEA GRAHAM
Print Name

X 4261 Swift AV #10
Address

X SAN Diego 92104
City Zip Code

X 619-865-4559
Telephone

Invoice # _____

Work Order # E 20414

Acct. # _____

REA-104 (3-04)

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E 20414

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: Ola Mae Hollins

Address: 4261 Swift AV #1

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) $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.

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.

Walther Graf — daughter — 10/12/07

Signature — 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 A. Dovensky — 10/15/07

Approved by — Date

Current * SS Notice of Benefit Documents verified on: 10/15/07

Approved By & Rent lease agreement

Date 10/15/07

* Pending SSA verification

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 20414

Guidelines
Mt. Hope Low-Income Fee Waiver (Effective July 2007)

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 2005 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

Size of Family	Annual Income
1	$14,400
2	$23,590
3	$32,390
4	$39.980
5	$47,180
6	$55,180
More than 6	Each additional member add $ 8,000

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 is intended for "At Need" services only.

:pt 725.00
eposit
-1

E 20414

RENTAL AGREEMENT (Month-to-Month)

HIS AGREEMENT is made and entered into this 1st (Day) day of February (Month), 2006 (Year) between JR Swift Apts (Name of Owner/Agent) "Owner/Agent", whose address and phone number are 3505 Camino Del Rio So. #234 619-281-1506. (Address and Telephone of Owner/Agent)

nd OLA MAE Hollins "Resident."

HE PARTIES AGREE AS FOLLOWS:

. **RENTAL UNIT:** Subject to the terms and conditions of this Agreement, Owner rents to Resident and Resident rents from Owner, for residential use only, the premises located at: 4261 Swift Ave (Street Address), Unit # (if applicable) 1, San Diego (City) CA 92104 (Zip) on a month-to-month term.

. **RENT:** Rent is due in advance on the 1st day of each and every month, at $725.00 per month, beginning on 2-1-06 (Date), payable at 4261 Swift Ave #15 (Address where payments should be delivered). Payments made in person may be delivered to Owner/Agent between the hours of 8:00 AM and 9:00 PM on the following days of the week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
Acceptable methods of payment: ☐ Personal Check ☐ Cashier's Check ☐ Money Order ☒ Cash ☒ EFT/Credit (see Owner/Agent for details)

nt is paid after the 3rd of the month, there will be a late charge of $50.00 assessed. Pursuant to California law, if Resident passes a check on insufficient funds, Resident will be liable to Owner/Agent for the amount of the check and a service charge of $ _____, not to exceed $25 for the first check passed on insufficient funds, and $35 for each subsequent check passed on insufficient funds.

. **SECURITY DEPOSIT:** Resident shall deposit with Owner/Agent, as a security deposit, the sum of $725.00. Resident shall not use the security deposit to pay any month's rent. Owner/Agent may withhold from the security deposit only such amounts as are reasonably necessary to remedy Resident defaults including, but not limited to, the following:

(a) defaults in the payment of rent,
(b) to repair damages to the premises caused by Resident, exclusive of ordinary wear and tear, and/or
(c) to clean the premises, if necessary, upon termination of the tenancy in order to return the unit to the same level of cleanliness it was in at the inception of the tenancy.

No later than three weeks (21 days) after Owner/Agent has regained possession of the premises, Owner/Agent shall return any remaining portion of such security deposit to Resident.

. **TERMINATION:** Except as prohibited by law, this Agreement may be terminated by Resident after service upon the Owner/Agent of a written 30-day notice of termination of tenancy. Except as prohibited by law, if Resident has been in possession of the unit for less than one year, this Agreement may be terminated by the Owner/Agent by service upon the Resident of a written 30-day notice of termination of tenancy; if the Resident has been in possession of the unit for one year or longer, this Agreement may be terminated by the Owner/Agent by service upon the Resident of a written 60-day notice of termination of tenancy. Any holding over thereafter shall result in Resident being liable to Owner/Agent for "rental damages" equal to the current fair rental value of the unit, divided by 30. Daily rental value is prorated using a 30-day month.

. **CUPANTS:** Premises shall be occupied only by the following named person(s):

Name	Birthdate	Name	Birthdate
OLA MAE Hollins	3-15-28		

. **PROHIBITIONS:** Without Owner/Agent's prior written permission as an addendum to this Agreement, no pets, no water beds or liquid-filled furniture or Oversized Vehicles shall be kept or allowed in or about the premises.

. **QUIET ENJOYMENT:** Resident shall not violate any criminal or civil law, ordinance or statute in the use and occupancy of the premises, commit waste or nuisance, annoy, molest or interfere with any other Resident or neighbor. Any such action may result in the immediate termination of this Agreement as provided herein and by law.

. **REPAIRS AND ALTERATIONS:** Except as provided by law, no repairs, decorating or alterations shall be done by Resident without Owner/Agent's prior written consent. Resident shall notify Owner/Agent in writing of any repairs or alterations contemplated. Decorations include, but are not limited to, painting and wallpapering. Resident shall hold Owner/Agent harmless and indemnify Owner/Agent as to any mechanics lien recordation or proceeding caused by Resident. Resident may not make any alterations to cable or telephone inside wiring (such as may occur when changing telecommunications providers or adding phone lines) without prior written consent of the Owner/Agent. The notice shall include the name, address, and telephone number of any new telecommunication provider. Resident agrees to all costs resulting from the alteration and agrees to pay to the Owner/Agent any costs associated with restoring the inside wiring to the condition at the time of ve-in, except for reasonable wear and tear.

UNAUTHORIZED REPRODUCTION OF BLANK FORMS IS ILLEGAL

E 20414

9. **ACCEPTANCE OF PREMISES:** Resident has inspected the premises, furnishings and equipment, and has found them to be satisfactory. All plumbing, heating and electrical systems are operative and deemed satisfactory.

10. **CARE, MAINTENANCE AND INSURANCE:** Resident agrees to leave the premises in the same condition as it was received, subject to normal wear and tear.Except as prohibited by law, Resident shall keep the premises and furniture, furnishings and appliances, and fixtures, which are rented for Resident's exclusive use, in good order and condition. Resident ☐ is ☑ is not (check one) responsible for the upkeep of the yard and landscaping. Resident shall pay Owner/Agent for costs to repair, replace or rebuild any portion of the premises damaged by the Resident, Resident's guests or invitees. Resident's property is not insured by Owner/Agent. Resident is not a co-insured and is expressly excluded from any insurance policy held by Owner/Agent which is now in effect or becomes effective during the term of this Agreement.

11. **UTILITIES:** Resident shall pay for all utilities, services and charges, if any, made payable by or predicated upon occupancy of Resident, except:

Water and Trash

12. **WAIVER OF BREACH:** The waiver of either party of any breach shall not be construed to be a continuing waiver of any subsequent breach. The receipt by Owner of the rent with the knowledge of any violation of a covenant or condition hereto shall not be deemed a waiver of such breach. No waiver by either party of the provisions herein shall be deemed to have been made unless expressed in writing and signed by all parties to this Rental Agreement.

13. **JOINT AND SEVERAL LIABILITY:** The undersigned Resident(s), whether or not in actual possession of the premises, are jointly and severally liable for all obligations under this Rental Agreement, and shall indemnify Owner/Agent for liability arising prior to the termination of the Rental Agreement for personal injuries or property damage caused or permitted by Resident(s), their guests and invitees. This does not waive "Owner/Agent's duty of care" to prevent personal injury or property damage where that duty is imposed by law.

14. **ENTRY:** California law allows Owner/Agent or his/her employee(s) to enter the premises for certain purposes during normal business hours. The Owner/Agent will provide written notice to the Resident prior to the entry of the dwelling unit whenever required by state law. (Civil Code Section 1954.) Resident's non-compliance with Owner/Agent's lawful request for entry is a material breach of this Agreement that may be cause for immediate termination as provided herein and by law.

15. **SUBLETTING AND ASSIGNMENT:** No portion of the premises shall be sublet nor this Agreement assigned. Any attempted subletting or assignment by Resident shall, at the election of Owner/Agent, be an irremediable breach of this Agreement and cause for immediate termination as provided herein and by law.

16. **SMOKE DETECTION DEVICE:** The premises are equipped with a functioning smoke detection device(s), and Resident shall be responsible for testing the device weekly and immediately reporting any problems, maintenance or need for repairs to Owner/Agent. If battery operated, Resident is responsible for changing the detector's battery as necessary. Owner/Agent shall have a right to enter the premises to check and maintain the smoke detection device as provided by law.

17. **NOTICE:** The California Department of Justice, sheriff's departments, police departments serving jurisdictions of 200,000 or more and many other local law enforcement authorities maintain for public access a data base of the locations of persons required to register pursuant to paragraph (1) of subdivision (a) of Section 290.4 of the Penal Code. The data base is updated on a quarterly basis and a source of information about the presence of these individuals in any neighborhood. The Department of Justice also maintains a Sex Offender Identification Line through which inquiries about individuals may be made. This is a "900" telephone service. Callers must have specific information about individuals they are checking. Information regarding neighborhoods is not available through the "900" telephone service.

18. **ADDENDA:** By initialing as provided, Resident acknowledges receipt of the following applicable addenda, as indicated, copies of which are attached hereto, and are incorporated as part of this Agreement.

✓ OH Resident Policies & Rules	✓ OH Smoke Detector Agreement	____ Conditions, Covenants & Restrictions
✓ OH Move In Itemization	____ Pet Agreement	____ Other: ____
____ Pest Control Notice	✓ OH Asbestos Addendum	____ Other: ____
____ Satellite Addendum	✓ OH Lead Disclosure Addendum	____ Other: ____
____ Pool Rules	✓ OH Mold Addendum	____ Other: ____

19. **ENTIRE AGREEMENT:** This Agreement, which includes all attachments referred to above, constitutes the entire Agreement between the parties and cannot be modified except in writing and signed by all parties. Owner/Agent, nor an agent or employee of Owner/Agent has made any representations or promises other than those set forth herein.

20. **CREDIT REPORTS:** A negative credit report reflecting on your credit history may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. Resident expressly authorizes Owner/Agent (including a collection agency) to obtain Resident's consumer credit report, which Owner/Agent may use if attempting to collect past due rent payments, late fees, or other charges from Resident, both during the term of the Agreement and thereafter.

21. **ATTORNEYS FEES:** If any legal action or proceeding is brought by either party to enforce any part of this Agreement, the prevailing party shall recover, in addition to all other relief, reasonable attorneys' fees and court costs, unless one of the following two boxes is checked:

☐ the prevailing party shall recover, in addition to all other relief, attorneys' fees not to exceed _____, plus court costs.

or ☑ each party shall be responsible for their own attorneys' fees and court costs.

The undersigned Resident(s) acknowledge(s) having read and understood the foregoing, and receipt of a duplicate original.

2-1-2006
Date

Ola M Holl
Resident

Date

Resident

Feb. 1, 2006
Date

R. Buddhi
Owner/Agent / Apt Manager

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008321*COLA*SM*V14*L017

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KANSAS CITY MO 64106-2859

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PENALTY FOR PRIVATE USE, $300

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

008321******AUTO** SCH 5-DIGIT 92104
OLA M HOLLINS
4261 SWIFT AVE APT 10
SAN DIEGO CA 92104-6609

IMPORTANT SOCIAL SECURITY INFORMATION

SOCIAL SECURITY ADMINISTRATION USA

www.socialsecurity.gov

Printed on recycled paper Form SSA-4926-SM (1-2007)

GPO: US GOVERNMENT PRINTING OFFICE: 2006-330-078/00003

Your New Benefit Amount

E20414

BENEFICIARY'S NAME: OLA M HOLLINS

00832

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 $330.50.
- 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 $237.00 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.

1333 FRONT STREET
SAN DIEGO CA

BNC#: 06B1595F03244

Over ➤

008371

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 10/16/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cuahutemoc Ramirez 231176

in a Topseal Vault (Type of Burial Container) Funeral, date, time Mon OCT 22 10:00

Church, Chapel, Graveside _____ Guadalupana Jose Mortuary.

All Funeral cars 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 127 Grave 11

Grave space & Care Fund E-16433 (2-7-2003)	0
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 R-60315	1,651.58
Balance due	0

PAID
OCT 18 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 _____

227452

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Invoice # _____

Acct. # _____

Work Order # E 20415

REA-104 (3-04)

This information is available in alternative formats upon request.

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E 20415

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 10/16/07

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

in a Top Seal Vault (Type of Burial Container) Funeral, date, time Mon Oct 22 11:00

Church, Chapel, Graveside _____ ; Guadalupana Mortuary 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 12 Section 2 Blk/Row _____ Lot 127 Grave 11

Grave space & Care Fund	E-16433 <2-7-2003> 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	1651.58
Paid receipt number	
Balance due	1651.58

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.

Nancy J. Lopez
Signature

Nancy J. Lopez
Print Name
6301 Woodhue Dr
Address
Austin TX 78745
City Zip Code
(512) 586-1032
Telephone

For grave #11 next to Jorge Vasquez

Invoice # _____

Work Order # E 20415

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E 20415

MOUNT 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

		VASQUEZ	X	CARSWELL		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Cuahutemoc Ramirez

Interment Date: 10/22/07 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 127 Grave: 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 at: _____ *of grave*

E 20415

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

42

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CUAHUTEMOC	-	RAMIREZ	12/29/1964	10/13/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SOCHITL FRANK, SISTER 26401 PEBBLE CREEK ST. LAKE FOREST, CA 92630

7A. TYPED NAME AND ADDRESS OF 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 Chung	

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/19/2007	▶ 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 ST,SAN DIEGO,CA,92102	11B. DATE BURIED 10/22/07	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 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 10-16-07

231187

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES SPENCER CARTER + ~~BRIAN CARTER~~

in a LINER (Type of Burial Container) Funeral, date, time THURS 25 OCT 11:00

Church, Chapel, Graveside _____ ; ANDERSON-RUGS. Mortuary.

All Funeral cars 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 15A Grave 3

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees (2 x 65)	130.-
Sales taxes	20.93
Total Due	3,423.93
Paid receipt number 60307 CHK 353	3474.54
Balance due	-0-

PAID OCT 16 2007 MOUNT HOPE CEMETERY

CREDIT OF $ 50.61 will be applied toward Marker setting fee or vase.

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.

231186

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

Carter Peoples
Signature

Annette Carter-Peoples
Print Name

2007 87th AVE
Address

OAKLAND 94621
City Zip Code

(510) 599-0353
Telephone

Invoice # _____

Work Order # E 20416

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20422

ALSO WANTS 7, 14, 15A, 1
& 7, 14, 15A, 2

E20416

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Brian Carter ashes to be also buried

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

Burial Container Liner

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: James Spencer Carter

Interment Date: 10/25/07 Time: 11:00

Div: 7 Sect: 14 Blk/Row: ____ Lot: 15A Grave: 3

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

E 20416

57

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAMES	SPENCER	CARTER	10/30/1949	10/17/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ANNETTE C PEOPLES, SISTER 2007 87TH AVENUE OAKLAND, CA 94621

7A. TYPED NAME AND ADDRESS OF 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 Fryer	10/24/07

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		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	10/24/2007	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 10/25/07	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.)

AT
Pre-need
10+/trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/16/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rita V. Blackman 231511

in a liner (Type of Burial Container) Funeral, date, time Tues April 1st @ 10am

Church Chapel, Graveside ; Neptune Mortuary

All Funeral cars 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 9

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	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,536.93
Paid receipt number P-01011	1,500 -
Balance due	2,036.93

PAID
DEC 4 2007
MOUNT HOPE CEMETERY

Paid in full
P-01060

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

231184

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

Signature

LARRY BLACKMAN
Print Name
421 N 45th St
Address
San Diego CA 92102
City Zip Code

Telephone

Invoice # _____

Work Order # E 20417

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Coupons mailed 10/31/07

E 20417

W N S E

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

		Curtis Blackman	Sandra Victoria			
	Cummings		X		Dunbar	
			McCullough			

Flagged Yes ✓ No _____

Blind check Initiated by: Maria Date: 3/27/08

Interment space for: Rita V. Blackman

Interment Date: 4/1/2008 Time: 10. am

Div: 11 Sect: 2 Blk/Row: ___ Lot: 5 Grave: 9

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

pin 231184 Pre-need lot/trust Div 11, Sec 2, Lot 5 Grave 9 E-20417

Blackman, Larry 821 N. 45th St., SD CA 92102 E 20417

	DEBIT	CREDIT	BALANCE
10/16/2007Opened pre-need lot/trust for Rita V. Blackman. Lot $2264, o/c $533, b/c $270, h/f $206 r/f $65, setting fee $178, tax on liner $20.93 P-01011.	2264.00		2264.00
	1272.93		3536.93
		1500.00	2036.93
11/2/07 P-01029 Coupon #1 1ST payment (no vet)		400.00	1636.93
12/4/07 P-01060 none 2nd & Last		1636.93	0

PAID

DEC 4 2007

MOUNT HOPE CEMETERY

E20417

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

84

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RITA	VIOLA	BLACKMAN	10/23/1923	03/25/2008	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	RICHARD BLACKMAN, SON 5675 KENWOOD 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 control	8B. DATE SIGNED
NEPTUNE SOCIETY OF SAN DIEGO, 14065 OLD HWY #80 PO BX 2308 EL CAJON, CA 92021	FD1352	▶ Alan R Russell	03/27/2008

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	03/27/2008	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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO,CA 92102	11B. DATE BURIED 4/1/08	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.

pre-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-17-07

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

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 143 Grave 1

Grave space & Care Fund (E-15184 7-28-99)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	1454.82
Paid receipt number AP00320 6	1454.82
VISA Balance due	0

PAID
OCT 17 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 [signature]
Signature

x Askar, Benjamin
Print Name

x PO Box 710542
Address

x San Diego, CA 92171
City Zip Code

x (619) 301-6913 Cell
Telephone

Invoice # _____

Work Order # E 20418

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

520418

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot

Date 7-28-99

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

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. _____

Lot 143 Grave 1 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number VISA	895.00
Balance due	-0-

PAID
JUL 28 1999
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

X Bashar Askar
Signature

X 104 CALLA AVE
Address

X Imperial Beach 91932
City Zip Code

X 619-694-2578
Telephone

Invoice # _____

Work Order # E 15184

Acct. # _____

REA-104 (7-96)

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

E 20418
60308

Date: 10-17, 20 07

From: BENJAMIN ASKAR Address: PO BOX 710542

ONE THOUSAND FOUR HUNDRED-FIFTY FOUR & 82/100 Dollars ($ 1454 82)

in FULL Payment of INTERMENT OF KHAIRIYA ASKAR

Div 12 Sec 2 Blk/Row ____ Lot 143 Grave 1

Invoice No. 206464

Acct. No. E20418/E15184

W.O. ____

BALANCE DUE -0-

☐ Money Order
☑ Charge AP003206
☐ Check

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

PAID
OCT 17 2007
MOUNT HOPE

ISSUED BY

CREDIT	67007	-0-	
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	708	-
Closing	77181	359	-
Burial	100		
Containers	77182	275	-
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	85	-
Sales Tax	60101	27	82
	78390		
TOTAL PAID	$	1454	82

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

E 20418

CITY OF SO MT HOPE CEMETE
[illegible] MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 10/17/07 TIME: 10:29:23
MERR: 322156665644 STRN: 4301 TERR: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 359
CD TYPE: VISA
TR TYPE: PR

TOTAL: $1454.02

ACCT: **********7024 EXP: ****
AP: 003296
NAME: [illegible]

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

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

of _____

in _____ 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 _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

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

Sales taxes ..... _____

Total Due .....

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 20419

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-paid
need down on trust

Date 10/17/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for J.W. Jones

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 5189 Grave 1

Grave space & Care Fund E-1421	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container Interfund Transfer	270-
Handling Fees DP 3822550	206.-
Flower vases – Marker setting fee 9/22/09	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	1094.93
Paid receipt number VISA 030359	21899
Balance due	875.94

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 Walter D. Fisher
Signature

X Walter Fisher 231183
Print Name

Address See Attached

City Zip Code

Telephone

Invoice # _____

Work Order # E 20420

Acct. # _____

10/31 Coupons mailed

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

© Printed on recycled paper

E 20420

I declare under penalty of perjury under the laws of the State of California that the statements before mentioned are true and correct.

X Signed on 10-17-07 (Date), _____ in San Diego (City)

X Signature [signature] Print Full Name Walter H. Fisher

To have deed sent to you, fill in your mailing address here:

Full Name Walter H. Fisher

Address 2783 Arcola Ave

City, State & Zip Code San Diego, CA 92117

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

CDL K0030966
9-7-2009

E 20420

FOR OFFICE USE ONLY

Witnessed:

Signed on _____, _____ in _____
(Date) (City)

Signature _____ Print Full Name _____

Documents Presented:

_____

_____

_____

Processed by: _____

Approved by Cemetery Manager: _____

Transfer allowed: Yes_____ **No**_____

If no, reason:

_____

_____

_____

Transfer fee paid ($65.00) _____ **New Deed Issuance Paid** ($65.00)_____

E 20420

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 10 Section _____ Lot 5189 Grave _____

2. My legal authority to the above property is based on the following facts: I am The only child of Johnnie Lee Fisher

3. I have presented the following evidence to support the above facts.
Wordx CA ID

DL

Rev. 08/05

E 20420

P 01012

OFFICIAL RECEIPT

[redacted]

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

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

Date: 10/17, 20 07

From: Walter Fisher Address: 2783 Arcola Ave SD CA 92117

Two hundred Eighteen and 99/00 Dollars ($ 218.99)

in Part Payment of Pre-need for J.W. Jones.

Div 10 Sec Blk/Row Lot 5139 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $ 875.94

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

PAID

OCT 17 2007

MOUNT HOPE CEMETERY

ISSUED BY Paula C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	218.99
Trust	77186	
TOTAL PAID		$ 218.99

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☑ Charge #03034

☐ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

E20420

OFFICIAL RECEIPT

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

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

P01838

Date: 7-8, 2009

From: Fisher Address: on file

one Hundred forty-five 94/00 Dollars ($ 145.94)

in ~~pmt~~ pd Payment of pre need trust coupons 21-24

Div 10 Sec Blk/Row Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $ Ø

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

RECEIVED JUL 8 2009

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	145.94
TOTAL PAID	$	145.94

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2942

ISSUED BY P.C.

AC-212 (2-08)

This information is available in alternative formats upon request.

E20420

OFFICIAL RECEIPT

[redacted]

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

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

P01795

Date: June 4, 20 09

From: Fisher family trust Address: on file

Thirty six and 50/xx Dollars ($ 36.50)

in Partial Payment of Pre-need trust

Div 10 Sec _____ Blk/Row _____ Lot 5189 Grave 1

Invoice No. E-20420

Acct. No. _____

W.O. _____

BALANCE DUE 145.94

☐ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check

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

PAID

JUN 04 2009

MOUNT HOPE CEMETERY

ISSUED BY CMoua

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Pre-Need Trust	63033 77186	36	50
TOTAL PAID	$	36	50

AC-212 (2-08)

This information is available in alternative formats upon request.

E 20420

OFFICIAL RECEIPT

[redacted]

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

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

P01741

Date: May 7, 20 09

From: Walter Fisher Address: on file

Thirty six 50/100 Dollars ($ 36.50)

in Payment of Pre-need trust / Liner

Div 10 Sec Blk/Row Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE 182.44

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

PAID

MAY 07 2009

MOUNT HOPE CEMETERY

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	36 50
TOTAL PAID	$	36 50

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 2843

ISSUED BY Maria

AC-212 (2-08)

This information is available in alternative formats upon request.

E20420

OFFICIAL RECEIPT

[redacted]

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

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

P01703

Date: 4/7, 20 09

From: Walter Risher Address: on file

Thirty-six and 50/100 Dollars ($ 36.50)

in part Payment of Pre-need Coupon # 18 (TRUST)

Div 10 Sec ~ Blk/Row ~ Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $218.94

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

RECEIVED
APR - 7 2009
By

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	36.50
TOTAL PAID	$	36.50

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 2557 ISSUED BY Paulette C.

AC-212 (2-08)

This information is available in alternative formats upon request.

E 20420

OFFICIAL RECEIPT

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

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

P01671

Date: 03/10, 2009

From: Walter Fisher Address: on file

thirty-six and 50/100 Dollars ($ 36.50)

in part Payment of Pre-need trust, coupon #17

Div 10 Sec Blk/Row Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $255.44

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

RECEIVED
MAR 10 2009
By Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Pre-Need Trust	63033	
	77166	36.50
TOTAL PAID	$	36.50

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 2458 ISSUED BY

AC-212 (2-06)

This information is available in alternative formats upon request.

E 20420

OFFICIAL RECEIPT

[redacted]

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

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

P01636

Date: 02/09, 20 09

From: Walter Fisher Address: On file

Thirty six and 50/00 Dollars ($ 36.50)

in part Payment of Pre-need acct. Coupon # 16

Div 10 Sec Blk/Row Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $291.94

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2264

AC-212 (2-08)

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

PAID

FEB 9 2009

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	36.50
TOTAL PAID	$	36.50

E 20420

OFFICIAL RECEIPT

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

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

P01587

Date: 1/6, 20 09

From: Walter Fisher Address: on file

thirty-six and 50/00 Dollars ($ 36.50)

in part Payment of pre-need

Div 10 Sec Blk/Row Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $ 328.44

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 2396

AC-212 (2-08)

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

PAID

JAN 5 2009

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	36.50
TOTAL PAID	$	36.50

OFFICIAL RECEIPT

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

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

E20420

P01566

Date: December 8, 20 08

From: Walter Fisher Address: on file

Thirty-six and 50/00 Dollars ($ 36.50)

in Part Payment of Pre-need trust coupon # 14

Div 10 Sec — Blk/Row — Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $ 364.94

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2213

AC-212 (2-08)

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

PAID

DEC 8 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	36.50
TOTAL PAID	$	36.50

E 20420

OFFICIAL RECEIPT

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

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

P01527

Date: November 10, 2008

From: Walter Fisher Address: on file

Thirty-six and 50/00 Dollars ($36.50)

in part Payment of Pre-need, coupon #13 (TRUST)

Div 10 Sec ~ Blk/Row ~ Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $401.44

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 2158

AC-212 (2-08)

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

PAID

NOV 10 2008

MOUNT HOPE CEMETERY

ISSUED BY paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	36.50
TOTAL PAID	$	36 50

E 20420

OFFICIAL RECEIPT

[redacted]

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

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

P 01423

Date: October 6, 20 08

From: Walter Fisher Address: on file ~~[illegible]~~

Thirty-Six and 50/00 Dollars ($ 36.50)

in part Payment of Pre-need lot Coupon #12

Div 10 Sec _____ Blk/Row _____ Lot 5189 Grave _____

Invoice No. E-20420

Acct. No. _____

W.O. _____

BALANCE DUE $ 437.94

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 2079

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

PAID

OCT 6 2008

MOUNT HOPE CEMETERY

ISSUED BY pc

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	36	50
Trust	77186		
TOTAL PAID	$	36	50

TRUST

AC-212 (11-05)

This information is available in alternative formats upon request.

E20420

OFFICIAL RECEIPT

[redacted]

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

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

P 01379

Date: Sept 3, 2003

From: Walter Fisher Address: on file

Thirty-six and 50/00 Dollars ($ 36.50)

in part Payment of Pre-need ~~Est~~, coupon #11

Div 10 Sec Blk/Row Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $ 471.44

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

PAID

SEP 03 2008

MOUNT HOPE CEMETERY

ISSUED BY D. Crawford

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	36.50
Trust	77186	
TOTAL PAID	$	36.50

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1973

AC-212 (11-05)

This information is available in alternative formats upon request.

E20420

OFFICIAL RECEIPT

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

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

P 01349

Date: 8-6, 20 08

From: Walter Fisher Address: on file

Dollars ($ 36.50)

in Part Payment of Pre-need trust coupon #10.

Div 10 Sec Blk/Row Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $510.94

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

PAID

AUG 06 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	53033	36.50
Trust	77186	
TOTAL PAID	$	36.50

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 1887

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

E 20420

OFFICIAL RECEIPT

[redacted]

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

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

P 01304

Date: July 7, 20 08

From: Walter Usher Address: on file

Dollars ($ 36.50)

in _____ Payment of Pre-need Trust

Div 10 Sec _____ Blk/Row _____ Lot 5189 Grave 1

Invoice No. E-20420

Acct. No. _____

W.O. _____

BALANCE DUE 587.44

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

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	36	50
Trust	77186		

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check

ISSUED BY Maria

TOTAL PAID $ 36 50

AC-212 (11-05)

This information is available in alternative formats upon request.

E 20420

OFFICIAL RECEIPT

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

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

P 01258

Date: 6-3, 20 08

From: Walter Fisher Address: on file

Thirty-Six and 50/00 Dollars ($ 36.50)

in part Payment of PN #8 Coupon

Div 10 Sec Blk/Row Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $ 58394

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

PAID

JUN 3 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	36.50
Trust	77186	

TOTAL PAID $ 36.50

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check Unknown

AC-212 (11-05)

This information is available in alternative formats upon request.

E 20420

OFFICIAL RECEIPT

[redacted]

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

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

P 01225

Date: 5/6/ , 20 08

From: Fisher fam. Trust Address: on file

Thirty-Six 50 Dollars ($ 36.50)

in part Payment of Pre-need trust for J.W. Jones

Div 10 Sec Blk/Row Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $

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

PAID

MAY 6 2008

MOUNT HOPE CEMETERY

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	36	50
Trust	77186		

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1670 ISSUED BY Paulette

TOTAL PAID $ 36 50

AC-212 (11-05)

This information is available in alternative formats upon request.

E 20420

OFFICIAL RECEIPT

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

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

P 01191

Date: 4-7, 2008

From: Fisher Address: or Ole

Dollars ($ 36.50)

in part Payment of PN trust Coupon #6

Div 10 Sec Blk/Row Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $656.94

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

PAID
APR 07 2008
MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	36 50
Trust	77186	
TOTAL PAID		$ 36 50

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☐ Check 160

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

E20420

OFFICIAL RECEIPT

[redacted]

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

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

P 01156

Date: 3/4, 20 08

From: Fisher Fam. Trust Address: Indie

Dollars ($ 36.50)

in _____ Payment of Pre need trust for TW Jones

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

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE $693.44

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

MOUNT HOPE CEMETERY
MAR 04 2008
PAID

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	36 50
Trust	77186	
TOTAL PAID	$	36 50

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 1500

ISSUED BY Maria

AC-212 (11-05)

This information is available in alternative formats upon request.

E20420

P 01125

OFFICIAL RECEIPT

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

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

Date: 2/4 , 20 08

From: Walter Fisher Address: on file

Thirty-Six and 50/00 Dollars ($ 36.50)

in Part Payment of

Div 10 Sec — Blk/Row — Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $ 729.94

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	36.50
Trust	77186	
TOTAL PAID		$ 36.50

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 1457

AC-212 (11-06)

This information is available in alternative formats upon request.

E 20420

P 01100

OFFICIAL RECEIPT

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

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

Date: 1/9, 2008

From: Walter Fisher Address: on file

Thirty Six 50 Dollars ($ 36.50)

in Part Payment of Coupon #3

Div 10 Sec ~ Blk/Row ~ Lot 5189 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $766.44

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

PAID

JAN 0 9 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	36.50
Trust	77186	
TOTAL PAID	$	36 50

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check/ 383

AC-212 (11-05)

This information is available in alternative formats upon request.

E20420

OFFICIAL RECEIPT

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

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

P 01063

Date: 12-6, 20 07

From: WALTER FISHER Address: 4494 CAMALITO CUARTO ~~2783 ARCOLA AVE~~ SD CA 92117

THIRTY SIX & 50/100 Dollars ($ 36.50)

in PARTIAL Payment of PRE NEED TRUST

Div 10 Sec _____ Blk/Row _____ Lot 5189 Grave _____

Invoice No. 231183

Acct. No. E-20420

W.O. _____

BALANCE DUE 802.94

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 1310

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

PAID

DEC - 6 2007

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	36	50
Trust	77186		
TOTAL PAID	$	36	50

AC-212 (11-05)

This information is available in alternative formats upon request.

E20420

OFFICIAL RECEIPT

[redacted]

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

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

P 01040

Date: 11/9, 2007

From: Walter H. Fisher Address:

Dollars ($ 36.50)

in part Payment of Pre-need trust Coupon #1

Div 10 Sec Blk/Row Lot 5789 Grave 1

Invoice No. E-20420

Acct. No.

W.O.

BALANCE DUE $ 839.44

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

PAID

NOV - 9 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	36 50
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	36 50

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1229

AC-212 (11-05)

This information is available in alternative formats upon request.

E20420

12-5-07

Re: Account #20420

Please change our address as follows:

Walter Fisher
4494 Caminito Cuarzo
San Diego, CA 92117

If you wish to confirm, I can be reached at the following numbers:

858-270-7711 (home)
858-270-5325 (fax)
619-726-2733 (cell)

Thanks,

Walt Fisher

Walt Fisher

CITY OF SAN DIEGO DEPARTMENT DATE DCR No.

DAILY CASH RECEIPTS **Park & Recreation/Mount Hope Cemetery** **October 24, 2007**

EXPLANATION	FUND (16-21)	DEPT (22-27)	ORGANIZATION (28-33)	ACCOUNT (34-39)	JOB ORDER (40-46)	FACILITY (67-72)	[illegible]
CREDIT CARD PAYMENTS							[illegible]
R-60318 & R-60319	67007			77184			715.40
R-60308, 60309, 60310, 60313, 60316, 60318, 60319	100	072		77184			2,861.60
	100	072		77181			1,615.00
	100	072		77182			1,076.00
	100	072		77185			879.00
	100	072		77183			1,155.35
P-01012 & R-60310	83033			77186			1,011.99
R-60308, 60310, 60318	60101			78390			83.39
PREPARED BY Paulette Crawford x73401	DEPOSITED BY: MS 72 Mt. Hope Cemetery		AUDITED BY:	KEY PUNCH DATE: 10/24/2007			$9,397.73

AC -1221 (REV. 7-79)

Division 10
Lot 5189

E 20420

FUND/REVENUE

20% Sales/Care	80% Sales of Lots	Opening Closing	Burial Containers	Handling Fee	Recording & Misc. Fees	Pre-Need Trust	Sales Tax	Total
67007	100	100	100	100	100	63033	60101	
77184	77184	77181	77182	77185	77183	77186	78390	
		708.00	359.00	275.00	85.00		27.82	1,454.82
					356.00			356.00
602.20	2,408.80	708.00	717.00	604.00	410.72	793.00	55.57	6,299.29
					178.00			178.00
					33.09			33.09
					7.54			7.54
113.20	452.80	199.00			85.00			850.00
						218.99		218.99
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
715.40	2,861.60	1,615.00	1,076.00	879.00	1,155.35	1,011.99	83.39	9,397.73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need non-Resident

16chairs

Date 10/17/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lawrence Ross 231180 1:00

in a D.D.CRYPT A (Type of Burial Container) Funeral, date, time Mon. OCT 22, 2007

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 12 Section 2 Blk/Row _____ Lot 251 Grave 3

Grave space & Care Fund		3011.-
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2@ 708.00	1416.00
Burial Container		717.00
Handling Fees		604.00
Flower vases - Marker setting fee	$88.72 $237.00	325.72
Recording/Filing/Transfer Fees	2@ 85.00 =	170.00
Sales taxes		55.57
Total Due		6299.29
Paid receipt number	VISA 02552A	6,299.29
Balance due		Ø

Fax 619 466-4461

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.

231177

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

Print Name _____

Address _____

Signature _____

City _____ Zip Code _____

See attached

Telephone _____

Mort. 2 Pay

Invoice # _____

Work Order # E 20421

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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20421

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
non-Resident

Date 10/17/07

16 chairs

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lawrence Ross :00

in a D.D. CRYPT A (Type of Burial Container) Funeral date, time Mon. OCT 22, 2007

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 12 Section 2 Blk/Row _____ Lot 251 Grave 3

Grave space & Care Fund		3011.–
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2@ 708.00	1416.00
Burial Container		717.00
Handling Fees		604.00
Flower vases - Marker setting fee	$ 88.72 $ 237.00	325.72
Recording/Filing/Transfer Fees	2@ 85.00 =	170.00
Sales taxes		55.57
	Total Due	6299.29
	Paid receipt number VISA 02587A	6,299.29
	Balance due	Ø

Fax 619 466-4461

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.

231177

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

[signature]
Signature

RICHARD WESLEY ROSS
Print Name
161 W. BARCLAY ST.
Address
LONG BEACH, CA. 90805
City Zip Code
310-639-3833
Telephone

Mort. 2 Pay

Invoice # _____

Work Order # E 20421

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20421

MOUNT 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

			VARNER			
			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Lawrence Ross

MON. Interment Date: 10/22/07 Time: 1:00 GS.

Div: 12 Sect: 2 Blk/Row: ____ Lot: 251 Grave: 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 at: _____ of grave

E 20421

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

63

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LAWRENCE	ELLIS	ROSS	12/14/1943	10/15/2007 FND	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
OAKLAND	ALAMEDA	BERTA RODGERS, SISTER 5882 GREYCOURT AVENUE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
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	THIS PERMIT IS ISSUED IN 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	10/23/2007	▶ ANTHONY ITON, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
ALAMEDA HEALTH DEPARTMENT 1000 BROADWAY, SUITE 500 OAKLAND, CA 94607	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10-24-07	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 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.)

E 20421

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20421 DATE: 5/28/2008

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: Richard Wesley Ross 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 $3,011.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 251 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 28th day of May, 2008.

Signature / Date

Cemetery Manager

DIVERSITY

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

E 20422

not included in
this spindle

E 20499_E 20400

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/18/07

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

in a Top Seal Vault (Type of Burial Container) Funeral, date, time Mon. OCT 22 11:00

Church, Chapel, Graveside _____ ; Guadalupana Mortuary. 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 _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

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

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 20423

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At-need
Non-Res.

Date 10/18/07

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

in a T.S. Vault (Type of Burial Container) Funeral, date, time Tues. Oct 23, 10:00

Church, Chapel, Graveside _____ ; Guadulapana Mortuary.

All Funeral cars 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 3

Grave space & Care Fund	3011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	472.00
Handling Fees	350.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	36.58
Total Due	4662.58
Paid receipt number R-60314	4,662.58
Balance due	Ø

PAID
OCT 18 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.

Ramona Perales
Print Name

Address

City Zip Code

Telephone

Signature

DP 4217190
4/29/2008

Invoice # _____

Work Order # E 20424

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

11/2/07 Mailed refund appl. to Guadulapana for $ 115507

E 20424

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ∅

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

Burial Container T.S. Vault

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Raul Perales

Interment Date: Tues Oct 23 Time: 10.00 C

Div: 12 Sect: 2 Blk/Row: ____ Lot: 188 Grave: 3

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

E 20424

OFFICIAL RECEIPT

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

CITY OF SAN [redacted] ALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

6031

Date: 10/18, 20 07

From: Guadulopana Address: 2601 Imperial ave SDCA 92102

Four Thousand, Six hundred, Sixty Two and 58/100 Dollars ($ 4,662.58)

in Full Payment of Interment Order for Raul Reroles

Div 12 Sec 2 Blk/Row Lot 188 Grave 3

Invoice No. E 20424

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check 15387

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

PAID
OCT 18 2007
P.C.
MOUNT HOPE CEMETERY

CREDIT	67007	602	20
20% Sales Care	77184		
80% Sales	100	2408	80
of Lots	77184		
Opening/	100		
Closing	77181	708	—
Burial	100		
Containers	77182	472	—
	100		
Handling Fee	77185	350	—
Recording &	100		
Misc. Fees	77183	85	—
Sales Tax	60101	36	58
	78390		
TOTAL PAID	$	4662	58

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

E 20424

FY 08 04/29/08 16:07:54

THE CITY OF SAN DIEGO
REQUEST FOR DIRECT PAYMENT

DP NO. 4217190

VENDOR INFORMATION

VENDOR NUMBER & ALPHA:
0004319539 RPE

VENDOR NAME:
RAMONA PERALES

VENDOR ADDRESS:
1935 AVENIDA DELA CRUZ

SAN YSIDRO CA 92173

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 Dovenly

DEPT. HEAD OR DESIGNEE

FUND OVERRIDE ☐

PAYMENT DATE
05/12/08

DESCRIPTION OF EXPENSE/SPECIFIC CITY BENEFIT & PURPOSE:

FAMILY WAS CHARGED THE NON-RESIDENT FEE IN ERROR. THEY LIVE IN SAN DIEGO CITY AND SHOULD HAVE BEEN CHARGED THE RESIDENT FEE.

COMMENTS AND/OR SPECIAL INSTRUCTIONS:

FINAL-RLSD NEW-VEN

RELEASED: 04/29/08 16:07

FINAL-RLSD NEW-VEN

PAYEE REMITTANCE INFORMATION

SEQ	INVOICE NUMBER OR DESCRIPTION	INVOICE DATE	PAYMENT CATEGORY	LATE CODE	AMOUNT	TAX CODE
A	REIMBURSEMENT	10 23 07	4		1,155.07	N
				TOTAL AMOUNT $	1,155.07	

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
001	0	100	072		77184	000072				747.00		
002	0	100	072		77183	000072				20.00		
003	0	100	072		77182	000072				117.00		
004	0	100	072		77181	000072				175.00		
005	0	100	072		77185	000072				87.00		
006	0	60101			78390					9.07		
									TOTAL AMOUNT $	1,155.07		

04/29/08 16:07:54 DP4217190

DP4217190 08 0004319539RPE

E 20424

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 39

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RAUL	-	PERALES-CARRANZA	10/29/1967	10/16/2007	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	RAMONA M PERALES, WIFE 1935 AVENIDA DE LA CRUZ SAN YSIDRO, CA 92173

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	David Ayon	10/22/2007

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	10/22/2007	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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST.,SAN DIEGO,CA.92102	11B. DATE BURIED 10/23/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Ramon 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

*No chairs necessary

N.R.

Date 10/19/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret O'Berry ☒ 23/169

in a NONE (Type of Burial Container) Funeral, date, time Wed 10/24/2007 10:00

Church, Chapel, Graveside : American 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 8 Section 4 Blk/Row ____ Lot 427 Grave 1

Grave space & Care Fund	566.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	
Total Due	850.00
Paid receipt number R 60319 (Pkw/Visa)	850.00
Balance due	0

PAID
OCT 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 231168

Signature: Paul Deschamps

Print Name: PAUL N. DESCHAMPS

Address: 2735 BURGENER BL.

City: SAN DIEGO Zip Code: CA 92110

Telephone: 619 276 5317

Invoice # _____

Work Order # E 20425

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20425

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container _____

			BEGAS	BLAINE SHELTON		
			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Margaret O'Bory

Interment Date: 10/24/07 Time: 10:00

Div: 8 Sect: 4 Blk/Row: ____ Lot: 427 Grave: 1

Grave Laid out by: KEN

Agrees with Legal Card: Yes [✓] No [ ]

Agrees with Map: Yes [✓] No [ ]

Blind Check & Verified By: DAVID Date 10 - 22 - 07

Cremains were placed at: RT side of grave

E 20425
85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARGARET	MARY	OBERRY	9-17-1922	9-18-2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	PAUL DESCHAMPS 2735 BURGENER BL. 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 making certificate	8B. DATE SIGNED
PAUL N. DESCHAMPS 2735 BURGENER BL. SAN DIEGO, CA 92110		▶ Paul Deschamps	10-17-07

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 7102 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/24/07 ▶	Wilma J. Wooten, M.D.

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 10-24-07	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 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.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 204215

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARGARET	MARY	OBERY	9-17-1922	1-18-2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	PAUL DECHAMPS 2735 BURGENER BL 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 filing permit	8B. DATE SIGNED
PAUL N. DECHAMPS 2735 BURGENER BL SAN DIEGO, CA 92110		▶ [signature]	10-17-07

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 102855 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/24/07	▶ Melina J. Masters, M.D.

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

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 DIVISION ST. SAN DIEGO CALIF.	11B. DATE BURIED 10-24-07	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 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 10/24/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PAULINE E. MONTGOMERY 215318

in a LINER (Type of Burial Container) Funeral, date, time Thurs Oct 25 1:00

Church, Chapel, Graveside - ; Mackey 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 1567 Grave 1

Grave space & Care Fund B-007549	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 60329	1,094.93
Balance due	0

PAID
OCT 24 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]
Signature

STEPHEN J. MONTGOMERY
Print Name

7071 Chapala Canyon Ct
Address

San Diego CA 92129
City Zip Code

858 484 9100
Telephone

Invoice # _____

Work Order # E 20425 B

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20425 B

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 100

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EVA	PAULINE	MONTGOMERY	10/05/1907	10/18/2007	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	W. LINN MONTGOMERY, SON 9215 GREEN ROAD FLAGSTAFF, AZ 86004

7A. TYPED NAME AND ADDRESS OF 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	10/22/2007

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	10/22/2007	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
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 10/25/07	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 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 20425 B

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Pauline Montgomery

Interment Date: Thurs Oct 25 Time: 1:00

Div: 8 Sect: 1 Blk/Row: ____ Lot: 1567 Grave: 1

Grave Laid out by: DAVID

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 10-22-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samuel Aleman 231170

in a Liner (Type of Burial Container) Funeral, date, time Thurs, OCT 25 @ 9:30

Church, Chapel, Graveside _____ ; Community Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 156 Grave 9

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65-
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R-60325 AP-035988	3,358.93
Balance due	-0-

PAID OCT 23 2007 MOUNT HOPE CEMETERY

Army/Korea

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

231181

Samuel Aleman Jr.
Print Name

3657 Chanute St
Address

San Diego 92154
City Zip Code

619-575-6752
Telephone

Invoice # _____

Work Order # E 20426

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20426

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

CHARACTER OF SEPARATION: HONORABLE NSPE

DEPARTMENT: ARMY

SEPARATION DATA

1. LAST NAME — FIRST NAME — MIDDLE NAME: ALMON SAMUEL G
2. SERVICE NUMBER: US 54 109 046
3. GRADE — RATE — RANK AND DATE OF APPOINTMENT: Pfc(T)21 Nov 53
4. COMPONENT AND BRANCH OR CLASS: AUS INF
5. QUALIFICATIONS — SPECIALTY NUMBER OR SYMBOL, RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: 745 NA
6. EFFECTIVE DATE OF SEPARATION: DAY 3 MONTH Dec YEAR 54
7. TYPE OF SEPARATION: Rel fr Act Mil Svc
8. REASON AND AUTHORITY FOR SEPARATION: AR615-365-5 Sec III AR 615-350-5 Ch 24 PARA (Sec 3B)
9. PLACE OF SEPARATION: Fort Bliss Texas
10. DATE OF BIRTH: DAY 1 MONTH Nov YEAR 32
11. PLACE OF BIRTH (City and State): Houston Texas
12. DESCRIPTION: SEX Male RACE Cau COLOR HAIR Black COLOR EYES Brown HEIGHT 63" WEIGHT 130

SELECTIVE SERVICE DATA

13. REGISTERED: YES X NO — SELECTIVE SERVICE NUMBER: 44 53 [illegible] 437
14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State): 18 F 57 Houston (Harris) Texas
15. INDUCTED: DAY 17 MONTH Feb YEAR [illegible]

ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: NO — COMPONENT AND BRANCH OR CLASS: INF — CONSTABULARY DISTRICT OR AREA COMMAND: 7th Army Rad Texas Mil Dist

16. MEANS OF ENTRY (Check one or more): ENLISTED X — REENLISTED — COMMISSIONED — CALLED FROM INACTIVE DUTY — RATE — DATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE
17. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY 17 MONTH Feb YEAR 53 PLACE (City and State): Houston Texas
18. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (No. & St., City, County and State): 7619 Ave H Houston (Harris) Texas

SERVICE DATA

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD		NA	
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	1	9	17
23. OTHER SERVICE (Act of 16 June 1948 as amended) COMPLETED FOR PAY PURPOSES	0	0	0
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	1	9	17

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY / MONTH / YEAR / AMOUNT — NA

26. FOREIGN AND/OR SEA SERVICE: YEARS 1 MONTHS 3 DAYS 27

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: Korean Svc Medal United Nations Svc Medal National Def Svc Medal SCW Pres Unit Citation

28. MOST SIGNIFICANT DUTY ASSIGNMENT: Co A 75th Engr Bn
29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): None
30. SERVICE SCHOOLS OR CAMPS, COLLEGE TRAINING COURSES AND/OR POSTGRAD. COURSES SUCCESSFULLY COMPLETED: None — DATES (From-To): NA — MAJOR COURSES: NA
31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: None

INSURANCE AND PAY DATA

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

32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM: NA
32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951: YES — NO — UNKNOWN
33. MONTH ALLOTMENT DISCONTINUED: NA
34. MONTH NEXT PREMIUM DUE: NA
35. TOTAL PAYMENT UPON SEPARATION: NA
36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT: NA
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER: NA

AUTHENTICATION

38. REMARKS (Continue on reverse): Blood Group A Al-1 Secretor 77 Ex time lost under Sec 6(a) App 2b MCM 1951 Item #3: Pvt-1(T) 17 Jun 53 Item #8: Rel fr act mil svc & ref to Army Rec to compl 8 yrs svc under UMT & Svc Act
39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: D. Bleiner
NAME, GRADE AND TITLE (Typed): T 2 BLEIMER CAPT AGD PERSONNEL OFFICER

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: — CLAIM NUMBER:
41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM — TO — LAST CIVILIAN OCCUPATION:
42. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER: NA
44. UNITED STATES CITIZEN: YES X — NO
45. EDUCATION (Years completed): MARITAL STATUS — GRAM-MAR — HIGH SCHOOL — COLLEGE — DEGREE(S) — MAJOR COURSE OR FIELD
46. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., RFD, City, County and State): 5217 Kahawk St Houston (Harris) Texas
48. SIGNATURE OF PERSON BEING SEPARATED: Samuel G. Almon

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

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

E 204260

CALIFORNIA
DRIVER LICENSE
G0411581
CLASS:C
SAMUEL GONZALES ALEMAN
1823 OUTER RD 72
SAN DIEGO CA 92154
SEX:M HAIR:GRY
HT:5-03 WT:165 DOB:11-01-32
RSTR: CORR LENS
01/22/2004 677 B1 FD/08

E20426

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Samuel Aleman

Interment Date: _____ Time: _____

Div: _____ Sect: _____ Blk/Row: _____ Lot: _____ Grave: _____

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

E20426

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SAMUEL	GONZALEZ	ALEMAN	11/01/1932	10/19/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	SAMUEL ALEMAN JR, SON 3657 CHANUTE STREET SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA, CA 91911	FD1682

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT – Person taking permit: ▶ [signature] 8B. DATE SIGNED: 10/23/07

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	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 MT. HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 10/25/07	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 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 10-22-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tita Ochoa 10:00

in a Top Seal Vault (Type of Burial Container) Funeral, date, time Sat. Oct 27 2007

Church, Chapel, Graveside _____ ; Rogsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees — Saturday fee	851.-
Opening/Closing & Setup	533.-
Burial Container	355.-
Handling Fees	260.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	4,358.51
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 20427

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 10/22/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tita Ochoa Pin: 231191

in a Double-Crypt "A" (Type of Burial Container) Funeral, date, time Saturday Oct. 27, 2007 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 6 Section 3 Blk/Row ~ Lot 32 Grave 7

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees Sat. Fee	851.-
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	4,747.77
Paid receipt number R-60327	4,747.77
Balance due	Ø

MOUNT HOPE CEMETERY
OCT 24 2007
PAID

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pedro Ochoa 231190
Print Name

4454 Cynthia Pl.
Address

San Diego CA. 92105
City Zip Code

(619) 262 2973
Telephone

Invoice # _____

Work Order # E 20428

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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20428

MOUNT 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

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Tita Ochoa

Interment Date: Oct 27th SATURDAY Time: 10:00

Div: 6 Sect: 3 Blk/Row: ____ Lot: 32 Grave: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

20428

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

53

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TITA	PATRICIA	OCHOA	02/06/1954	10/19/2007	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	TITA OCHOA, DAUGHTER 4454 CYNTHIA PLACE SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sienika Pryor	10/23/07

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	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 DEPARTURE IS TO OCCUR IN ANOTHER 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 10/27/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kenneth Collier	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/23/2007

231189

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anastasios Paltatzidis ☒

in a Ash Vault (Type of Burial Container) Funeral, date, time Friday OCT 26 @ 10:00 am

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 19 Grave 8

PAID

OCT 23 2007

MOUNT HOPE CEMETERY

Grave space & Care Fund	426.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container	79.00
Handling Fees	85.00
11-7-07 ; NO SEND Flower vases – Marker setting fee $178 & 1 trion vase	243.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	1,053.83
Paid receipt number R-60324	1,053.83
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.

231188

I hereby authorize the interment in lot I hold under deed.

Peter Paltatzidis
Signature

Peter Paltatzidis
Print Name

358 Reserve Circle
Address

Clarendon Hills, IL 60514
City Zip Code

630·325·5328
Telephone

Invoice # _____

Work Order # E 20429

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

20429
81 9896.01

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANASTASIOS	-	PALTATZIDIS	05/02/1926	10/18/2007	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	CATHERINE PALTATZIDIS, WIFE 3955 PARK BLVD #1505 SAN DIEGO, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Dennis	10/24/2007

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	10/24/2007	▶ 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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10/26/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Earl Bryers II	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SO. CA CREMATORY: 601 D CRANE ST., LAKE ELSINORE, CA 92530	12B. DATE CREMATED 10/24/06	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102

Date 10/23/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kelli, Hamlett 231185

in a Liner (Type of Burial Container) Funeral, date, time Mon, Oct 29, 12:00

Church, Chapel, Graveside _____ 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 A Blk/Row _____ Lot 20 Grave 9

PAID
OCT 30 2007
MOUNT HOPE CEMETERY

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	4,465.82
Paid receipt number VISA 014752	2,362.44
Balance due	2,103.38
R60339	2,103.38

Victims of crime

I hereby certify I am the Uncle of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Rockwell L. Kelly
Signature

Rockwell L. Kelly 24120
Print Name
9128 Christiana St
Address
Spring Valley 91977
City Zip Code
619 512-7857 (cell)
Telephone
619 475-9757

Invoice # _____

Work Order # E 20430 Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20430 20430

MUSA 20,9

CITY OF SO MI HOPE CENETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 10/26/87 TIME: 11:49:13
NEW#: 322156665644 STRN: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 365
CD TYPE: VISA
TR TYPE: PR

TOTAL: $2362.44M

ACCT: ********** EXP: ****
AP: 014752 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

Phonej mail

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Service of Kell, Hamilett

20430

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

			X			

Flagged ***Yes*** _____ ***No*** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Hamlett Kelli

Interment Date: 10/29 Time: 12:00 Chapel

Div: MAS Sect: A Blk/Row: ____ Lot: 20 Grave: 9

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

20430

THE CITY OF SAN DIEGO

October 29, 2007

Victims of Crime Fund
Hall of Justice
330 W. Broadway
San Diego, CA 92101

RE: Emergency Processing of Immediate Payment

Dear Sir or Madam:

This letter is to request an emergency processing of an immediate payment from the Victims of Crime Fund. Mt. Hope Cemetery is the municipal Cemetery for the City of San Diego and our policies do not allow service to be initiated until they are paid in full. The current policy requires a 48-hour advance payment to properly ensure gravesite preparation.

Your cooperation is greatly appreciated and together we hope to continue to help those affected by crime in our community.

Name of Deceased: Kelli Hemlett

Amount: $2103.38

Sincerely,

M. 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

20430

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KELLI	JEAN	HAMLETT	06/04/1960	10/20/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	BART HAMLETT, BROTHER 1268 GALWAY ST. PLACENTIA, CA 92870

7A. TYPED NAME AND ADDRESS OF 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. Dennis	10/24/2007

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	10/24/2007	▶ 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 10/29/2007	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 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 10/24/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HELEN K. TEACHOUT 226969

in a T.S. Vault (Type of Burial Container) Funeral, date, time Friday oct 26 1:00pm

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 11 Section 1 Blk/Row _____ Lot 132 Grave 4

Grave space & Care Fund	D-8982 <2-18-1978>	~~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	D-8982	~~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.

233950

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code

Telephone _____

See attached.

Invoice # _____

Work Order # E 20431

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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ORDER

20431 MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-18 19 78

CHARGE Harry N. Teachout

ADDRESS 2644 56th St., S.D. 92105

NAME OF DECEASED Pre-need lots & Services

OWNER Harry N. or Helen K. Teachout

ADDRESS (Same)

MORTUARY

A

LOT 132 GR 3 & 4 ROW SEC 1 DIV 11	400	00
OPENING TIME DAY DATE 2 Openings	270	00
VAULT SIZE 2 W-TS Vault	286	20
REMOVAL OR FOUNDATION VET.		
TOTAL	$956	20
PAID RECEIPT NUMBER 25708		
BALANCE		

U.S. Army, SN 12169132, Pfc.
Flat Markers Only

PAID
FEB 18 1978
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISION [illegible] OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND [illegible] HOPE CEMETERY.

#29788

AUTHORIZED
IN PERSON
PHONE BY Helen Teachout

ORDER TAKEN BY L. E. Olson

W.O. NO. DNº 8982

INVOICE NO. Cash

FORM PR-974 REV.

E 20431

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust

Date 3-7-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harry and Helen Teachout

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 132 Grave 3+4 Row _____ Section _____ Division/Block 11

PAID
MAR 07 1991
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee 2 Recording fees	70.00
Sales taxes	
Total Due	70.00
Paid receipt number 40440	70.00
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Harry M Teachout
Signature
2644-56th St
Address
San Diego Ca. 92105
State Zip Code
264-9987.
Telephone

Invoice # _____

Work Order # E 9290

Acct. # _____

PY-593 (REV. 8-85)

20431

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container T.S. VAULT

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Helen K. Teahout

Interment Date: Friday Oct 26 Time: 1:00 p.s.

Div: 11 Sect: 1 Blk/Row: ~ Lot: 132 Grave: 4

Grave Laid out by: DAVID

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

20431

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HELEN	CATHERINE	TEACHOUT	06/14/1916	10/22/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	JAMES L. RISDON JR., SON 10800 WOODSIDE AVENUE, SP. 42 SANTEE, CA 92071

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVENUE SAN DIEGO, CA 92113	FD843	▶ Kim Beaulieu	10/25/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	10/25/2007	▶ 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
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 10-26-07	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.)

20431

61980

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10-14, 2009

From: James Riedon Address:

[illegible] Dollars ($ 237.00)

in Full payment Payment of Marker installation Helen Teachout

Div 11 Sec 1 Blk/Row Lot 132 Grave 4

Invoice No. ~~E0207917~~

Acct. No. E20431

W.O.

BALANCE DUE —

☐ Money Order
☒ Charge 79596094
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
OCT 14 2009
MOUNT HOPE CEMETERY

ISSUED BY Tracey Hynson

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	237	00
Sales Tax	60101		
	78390		
TOTAL PAID	$	237	00

AC-212A (11-08)
This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

in nexus 20431
61970

Date: October 22, 20 09

From: James L. Rislon Address: 10300 Woodside Ave Spc 42 Santee CA

Thirty-three and 23/00 Dollars ($ 33.23)

in Full Payment of Galvanized vase for Helen Lechout.

Div 11 Sec 1 Blk/Row Lot 132 Grave 4

Invoice No. E-20431

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check 3348

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
OCT 22 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	18	00
Recording &	100		
Misc. Fees	77183	14	00
Sales Tax	60101	1	23
	78390		
TOTAL PAID	$	33	23

AC-212A (11-08)
This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arcelia L. Padilla 134158 10:00

in a TS VAULT (Type of Burial Container) Funeral, date, time Tues, Oct 30, 2007 @

Church, Chapel, Graveside ST. JOHN of The Cross L.G. : 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 1 Blk/Row _____ Lot 47 Grave 9

Grave space & Care Fund	E-18012 9/4/2003	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases -- Marker setting fee		
Recording/Filing/Transfer Fees		
Sales taxes		
Total Due		0
Paid receipt number		
Balance due		0

I hereby certify I am the x Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

134154

I hereby authorize the interment in lot I hold under deed.

x Josephine Chavez
Signature

x Josephine Arevalo
Print Name

x 1638 Primera St
Address

Lemon Grove CA 91945
City Zip Code

x (619) 337-1868
Telephone

Invoice # _____

Work Order # E 20432

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

20432

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot + Inst

Date 9-4-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Arcelia L. Padilla 134158

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 47 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	985.00
Additional spaces and care fund	
Opening/Closing & Setup	413.00
Burial Container T.S. Vau	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R-56643 25% down	500.00
Balance due	1448.31

PAID
JAN 29 2004
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.

134158

x Arcelia L. Padilla

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Arcelia L. Padilla (Signature)

1638 Primera ST. (Address)

Lemon Grove CA. 91945 (City, Zip Code)

(619) 337-1868 (Telephone)

Rebate

Work Order # E 18012

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

20432

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container TS VAULT

		CARDENAS X				
			Hawkins			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Arcelia L. Padilla

Interment Date: 10/30/07 Time: _____

Div: 12 Sect: 1 Blk/Row: ____ Lot: 47 Grave: 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 at: _____ of grave

20432

64

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARCELIA	-	PADILLA	01/16/1943	10/24/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CORONADO	SAN DIEGO	JOSEPHINE AREVALO, DAUGHTER 1638 PRIMERA ST. LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Dorjo	10/26/2007

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	10/26/2007	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10-30-07	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.)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

20432
60332

Date: 10/25, 20 07

From: Gonzalo Arevalo Address:

Two hundred Thirty-Seven Dollars ($ 237-)

in full Payment of Setting fee for Arcelia L. Padilla

Div 12 Sec 1 Blk/Row Lot 47 Grave 9

Invoice No.

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☑ Charge 025542
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 25

ISSUED BY Paulette C. MOUNT HOPE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	237 —
Sales Tax	60101	
	78390	
TOTAL PAID	$	237 —

AC-212A (11-05)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

[redacted]

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61273 20432

Date: 10-28, 2008

From: GONZALO ARGUIVO Address: 3641 BANCROFT ST. SD 92104

SIXTY SIX 18/100 Dollars ($ 66 18)

in FULL Payment of (2) GRAVE VALUES FOR ARGELIA L. PADILLA

Div 12 Sec 1 Blk/Row Lot 47 Grave 9

Invoice No. 134158

Acct. No. E20432

W.O. 6576

BALANCE DUE -0-

R60237 PAID MARKER WAITING FEE

- [ ] Money Order
- [x] Charge AP028593E
- [ ] Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

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	28	—
Recording &	100	36	—
Misc. Fees	77183		
Sales Tax	60101	2	18
	78390		
TOTAL PAID	$	66	18

AC-212A (11-05)
This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At-Need

Date 10-25-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sandra Boston 231195 2007

in a double-depth "A" (Type of Burial Container) Funeral, date, time Nov 2 Fri 10:00

Church, Chapel, Graveside Grace Comm. 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 12 Section 1 Blk/Row _____ Lot 72 Grave 10

PAID

NOV 1 2007

MOUNT HOPE CEMETERY

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2@708.00	1,416.00
Burial Container	717.00
Handling Fees	604.00
Flower vases - Marker setting fee	237.00
Recording/Filing/Transfer Fees 2@85.00	170.00
Sales taxes	55.57
Total Due	6210.57
Paid receipt number R-60341	6,210.57
Balance due	0

fax 619-466-4461

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X Anthony Boston 231194 Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See Attached

Paulette

Invoice # _____

Work Order # E 20433

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

10/25/07
Per Owen we are to pick a lot so the family can see a wave when they are riding down Market St.

20433

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container dd crypt "A"

			X		PEDROSA	

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Sandra Boston

Interment Date: Nov 2 Fri. Time: 10:00 AM

Div: 12 Sect: 1 Blk/Row: ____ Lot: 72 Grave: 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 at: _____ of grave

20433

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
SANDRA	LOUISE	BOSTON	03/19/1948	10/23/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
BANNING	RIVERSIDE	ANTHONY BOSTON, HUSBAND 3671 MYERS STREET RIVERSIDE, CA 92503

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673

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: ▶ Katrina Lamar

8B. DATE SIGNED: 10/29/2007

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 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	10/29/2007	▶ ERIC K. FRYKMAN, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
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 11/2/07	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 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 DIP 12:30 preset

Date 10/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys Taylor 23209

in a Bell Liner X-DEEP (Type of Burial Container) Funeral, date, time Nov 9th Friday 1:00pm

Church, Chapel, Graveside ; Poway-Bernardo Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 5 Section 2 Blk/Row _____ Lot 1 Grave 4

Grave space & Care Fund D-6068 <7-23-1975	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	1,454.82
Paid receipt number R-60355	1,454.82
Balance due	Ø

PAID NOV 5 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 20434

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Mailed Copy of interment for signature / Receipt

20434

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH KEVIN TAYLOR

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker(s) in the appropriate space (s) that are adjacent to the burial space.

Burial Container " XDEEP LINER " D.I.P.

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Gladys Taylor.

Interment Date: Fri. Nov 9th *Time:* Mondays 1pm

Div: 5 Sect: 2 Blk/Row: ____ Lot: 1 Grave: 4

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

20434

89

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Gladys	-	Taylor	11/22/1917	10/20/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lake Placid	Florida	Laurel Brock/daughter 755 Carolina Ave Sunnyvale, CA 94085

7A. 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
Poway-Bernardo Mortuary 13243 Poway Rd. Poway, CA 92064	FD 1195	▶ [signature]	10/30/2007

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	10/30/2007 K. Wiley	▶ 2701630

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego County
Vital Records 3851 Rosecrans St.
San Diego, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market st. San Diego, CA 92102	11B. DATE BURIED	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

Date 10/29/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE CASE #05-1846

in a D.D.CRYPT (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : BAYVIEW CREMATION Mortuary 858-277-7820

All Funeral cars 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

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

VOID

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 20435

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/29/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOHN DOE CASE #05-1307

in a D.D.CRYPT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : BAYVIEW CREMATION Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

VOID

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 20436

Acct. # _____

REA-104 (3-04)

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/29/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE CASE #05-1172

in a D.D. CRYPT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; BAYVIEW CREMATION Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 13 Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

VOID

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 20437

Acct. # _____

REA-104 (3-04)

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/29/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE CASE #05-0729

in a D.D.CRYPT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; BAYVIEW CREMATION Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

VOID

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 20438

Acct. # _____

REA-104 (3-04)

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/29/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE CASE #04-2143

in a D.D.CRYPT (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; BAYVIEW CREMATION Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 20439

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 10/29/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE CASE #05-0442

in a D.D. CRYPT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; BAYVIEW CREMATION Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... VOID _____

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 20440

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 10/29/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOHN DOE CASE #04-2361

in a D.D.CRYPT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ BAYVIEW CREMATION Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 13 Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

VOID

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20441

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 10/29/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN/ OR JANE DOE CASE #04-2318

in a D.D. CRYPT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; BAYVIEW CREMATION Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 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 ..... VOID _____

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 20442

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 10/31/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JANE DOE CASE #06-0881

in a D.D.CRYPT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ Bayview Cremation Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

VOID-

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 20443

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 10/29/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE CASE #05-2037

in a D.D. CRYPT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ BAYVIEW CREMATION Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

VOID

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature

_____
Print Name

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 20444

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

• MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 10/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosie L. Mays 231208

in a Liner (Type of Burial Container) Funeral, date, time Friday Nov 2 1:00

Church, Chapel, Graveside : Rogsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row ~ Lot 138 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	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-60336	3,358.93
Balance due	Ø

PAID
OCT 29 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. 231207

I hereby authorize the interment in lot I hold under deed.

x William G. Mays
Signature

x William G. Mays
Print Name

x 3064 K. ST
Address

San Diego 92102
City Zip Code

x 619 544 0978
Telephone

Work Order # E 20445

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20445

MOUNT 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 ·	TAYLOR	TAYLOR	

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Rosie L. Mays

Interment Date: Fri. Nov 2 Time: 1:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 138 Grave: 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 at: _____ of grave

E20445

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROSIE	LEE	MAYS	02/17/1932	10/27/2007	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	WILLIAM MAYS, HUSBAND 3064 K STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sienni Katma	11/1/07

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	11/01/2007	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 11-2-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

At Need
Non-res.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/13/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mabel Matthews 231267

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time Mon. Dec 3 1:00pm

Church, Chapel, Graveside Anderson-Rosedale Mon/Dec 3, 2007 Mortuary Anderson @ 1:00pm

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 12 Section 2 Blk/Row _____ Lot 269 Grave 6

Grave space & Care Fund E-11793	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.
Sales taxes	
Total Due	$ 793.00
Paid receipt number AP063862	793.00
Balance due	0

PAID
NOV 29 2007
MOUNT HOPE CEMETERY

I hereby certify I am the * see attached of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x _____ Signature

x see attached Print Name

x _____ Address

x _____ City Zip Code

x _____ Telephone

Invoice # _____

Work Order # E 20446

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

over -

MRS. Blair
Polland Funeral Home
26226 North Post Road
Oklahoma City, OK 73141

E20446

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Alvin J. Daniels

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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 "B"

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Mabel Matthews

Interment Date: Mon Dec 3 Time: 1:00pm Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 269 Grave: 6

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

E20446

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need Non-res.

Date 11/13/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mabel Matthews

in a Double-Depth (Type of Burial Container) Funeral, date, time Mon. Dec 3 1:00 pm

Church, Chapel, Graveside Anderson-Rigsdale Mon/Dec 3, 2007 Mortuary Anderson @ 1:00 pm

All Funeral cars 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 269 Grave 6

Grave space & Care Fund E-11793	~~0~~
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.
Sales taxes	
Total Due	$ 793.00

Paid receipt number _____

Balance due _____

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Audrey B. Davis
Signature

Mrs. Audrey Davis
Print Name

9125 Orchard Blvd.
Address

Midwest City, OK 73130
City Zip Code

405-741-9427
Telephone

Invoice # _____

Work Order # E 20446

Acct. # _____

REA-164 (8-04)

This information is available in alternative formats upon request.

FROM :POLLARD FUNERAL HOMES, INC. FAX NO. :4057692720 Nov. 29 2007 01:32PM P1

E 20446

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	H.	MATTHEWS	08/16/1911	11/27/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
OKLAHOMA CITY	OKLAHOMA	AUDRE DAVIS: DAUGHTER 9125 OCONNOR BLVD. MIDWEST CITY, OK 73130

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	FD-1329

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 ▶ Stephen Pryor	8B. DATE SIGNED 12/03/2007

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	9A. AMOUNT OF FEE PAID $11.00	9B. DATE PERMIT ISSUED S. PRYOR 12/03/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ 2701806
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [ ] O. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12-3-2007	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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of _____

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary

All Funeral cars 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 146 Grave 3

Grave space & Care Fund	
Overtime/Late Arrival Fees	1,419.–
Opening/Closing & Setup	
Burial Container	539.–
Handling Fees	454.–
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.–
Sales taxes	
Total Due	
Paid receipt number _____	
Balance due	

Disinterment

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 20447

Acct. # _____

REA-104 (3-04)

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At need
~~pre-need~~
disinterment
re-interment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Of Eugene neal

in a Double-Crypt "A" (Type of Burial Container) Funeral, date, time Thurs. Jan 31 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 7 Section 14 Blk/Row _____ Lot 46 Grave 3

Grave space & Care Fund	⊖
Overtime/Late Arrival Fees Disinterment	1419.-
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	
Total Due	1484.-
Paid receipt number Receipt R-01022	-300.-
Balance due	1184.-

PAID Paid in full R010 80
DEC 28 2007
MOUNT HOPE CEMETERY

I hereby certify I am the 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.

231179

I hereby authorize the interment in lot I hold under deed

Signature

Print Name ROBERT H. CARTER

Address 5180 STREAMVIEW DR.

City SAN DIEGO, CALIF Zip Code 92105

Telephone 619-563-5826

Invoice # _____

Work Order # E 20448

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20448

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF Eugene Neal

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Eugene Neal 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 Eugene Neal 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 Eugene Neal is identified as:

Lot 146 Grave 3 Section 14 Division 7

We acknowledge that we have been advised that the remains of may not be present and/or intact.

X Robert H Carter	X Step Son
SIGNATURE(S)	RELATION TO DECEASED

CDL A0348095

1-22-11

WITNESSED BY

10/29/07

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

Pin 231179 Div 7, Sec 14, Lot N6, grave 3 P-20448 / E-20449

E20448

Carter, Robert H. 5180 Streamview Dr. SD CA 92105 619-563-5026

	DEBIT	CREDIT	BALANCE
10/29/2007 Opened pre-need disinterment/reinterment and trust. P-01022. of Huberta Neal,	1484.00		1484.00
	1104.77		2588.77
		600.00	1988.77
10/[illegible]/07 P-01028 Coupon #1 Nov. payment		600.00	1388.77
11/08/07 P-01038 " 2 Dec payment		734.67	654.10
12/26/07 P-01080 " 3 overpayment		766.45	+112.35
	$112.35 Towards Setting fee Ø		

PAID

DEC 28 2007

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At-need. ~~Pre-need~~ disinter-re-interment of Eugene Neal

To inter/

Date 10/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Huberta Neal 231372 068

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time Friday Feb 14 11:00

Church, Chapel, Graveside _____ : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 14 Blk/Row _____ Lot 146 Grave 3

Grave space & Care Fund ..... Ticket 8483	⊖
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	1,104.77
Paid receipt number Receipt P-01022	300.-
Balance due	804.77

PAID

DEC 28 2007

MOUNT HOPE CEMETERY

Per Paulette C. P-01080 Balance pd in full plus an additional $112.35 on the setting fee 2/4/08 PAID

I hereby certify I am the 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.

Robert H Carter

Signature

Print Name ROBERT H. CARTER 231179

Address 5180 STREAM VIEW DR

City SAN DIEGO, Calif Zip Code 92105

Telephone 619-563-5926

Invoice # _____

Work Order # E 20449

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20449

MOUNT 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-Depth

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: Fe, 11:00 Date: _____

Interment space for: Eugene Neal

Interment Date: _____ Time: _____

Div: 7 Sect: 14 Blk/Row: ____ Lot: 46 Grave: 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 at: _____ of grave

E 20449

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
HUBERTA	-	NEAL	08/21/1924	01/25/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROBERT CARTER, SON 5180 STREAMVIEW DRIVE SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	1/31/08

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	01/31/2008	▶ 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 2-1-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

*NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS 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 10/29/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alberten Coleman 231227

in a Liner (Type of Burial Container) Funeral, date, time Friday, Nov 2 @ 10:00 AM

Church, Chapel, Graveside _____ : Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 249 Grave 11

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-60342	3,358.93
Balance due	Ø

PAID
NOV 1 2007
MOUNT HOPE CEMETERY

Mortuary to Pay

I hereby certify I am the Son in Law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231215

I hereby authorize the interment in lot I hold under deed.

Signature

Leroy O. Holt
Print Name

17416 Ridge View Dr
Address

San Diego, CA 92105
City Zip Code

619-264-1368
Telephone

Work Order # E 20450

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20450

MOUNT 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			
			HARRISON			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Alberten Coleman

Interment Date: 11/2/2007 Time: 1:00PM

Div: 12 Sect: 2 Blk/Row: ____ Lot: 249 Grave: 11

Grave Laid out by: Norman Pequan

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20450

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALBERTEN	-	COLEMAN	10/27/1920	10/26/2007	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	LEROY HOLT, SON-IN-LAW 1746 RIDGE VIEW 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	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sunni Kathryn	10/29/07

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	10/29/2007	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 11-2-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Pesqua	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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 NGGP

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-29-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of STEPHENS, FRANK L. SR 231193

in a LINER (Type of Burial Container) Funeral, date, time THUR NOV 1 1:00 CHURCH

(Church) Chapel, Graveside _____ : PAGSDALE Mortuary.

All Funeral cars 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 133 Grave 11

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	537.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
Paid receipt number AP 03131A	3358.93
Balance due	0

PAID OCT 31 2007 MOUNT HOPE CEMETERY

Mortuary to pay

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231192

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: Kerry A. Stephens

Address: 2333 E 5th St. #7

City: Long Beach, Ca Zip Code: 90814

Telephone: 1-562-434-5890

Tom

Work Order # E 20451

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E-20451

CITY OF SD WT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
#301322156665644

DATE: 10/31/87 TIME: 11:17:48
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 367
CD TYPE: VISA
TR TYPE: MP

TOTAL: $3358.93M

ACCT: **********9723 EXP: ****
AP: 031318 AVS: ZIP MATCH
V-CODE MATCH

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

x Paid by Phone

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E20451

MOUNT 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 LINGER

		Nurty	~~[illegible]~~			
			STEPHENS X			
			~~FRANKLIN~~ SR.			
			WILLIAMS			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Frank Stephens

Interment Date: Novl Thurs Time: 1:00 Church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 133 Grave: 11

Grave Laid out by: Dorman

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20451

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
FRANK	C.	STEPHENS	04/25/1925	10/28/2007	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	FRANK STEPHENS JR, SON 2314 W. CHANDLER AVENUE SANTA ANA, CA 92704

7A. 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	▶ Sienrika Pryor	10/31/07

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	10/31/2007	▶ 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 NOV 1 2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/30/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOHN DOE CASE #06-01693

in a D.D.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 13 Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 20452

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 10/30/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE CASE #06-01785

in a D.D.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 13 Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

Void

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20453

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 10/30/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JANE DOE CASE #06-02023

in a D.D. 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 13 Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

Void

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20454

Acct. # _____

REA-104 (3-04)

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/30/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE CASE #06-020112

in a D.D. 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 13 Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

Void

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature

_____
Print Name

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20455

REA-104 (3-04)

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/30/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE CASE #06-02288

in a D.D.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 13 Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

Void

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature

_____
Print Name

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 20456

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 10/30/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE CASE #06-02259

in a D.D.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 13 Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Void

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 20457

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 10/30/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl A. Halonen Pin: 208326

in a D.D.CRYPT "B" (Type of Burial Container) Funeral, date, time Friday Nov 2 9:00

Church, Chapel, Graveside ; MAYER Deck Mortuary.

All Funeral cars 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 88 Grave 5

Grave space & Care Fund E-12904 <5-20-1996>	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 AP00261E 11-2-07	598.-
Balance due	0

PAID NOV 2 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 See attached

Address

City Zip Code 231196

Telephone

Paulette

Invoice # _____

Work Order # E 20458

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20458

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Double Depth Crypt

Date 6-6-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eunice Halonen

In a ~~F.S. Vault~~ Funeral, date, time TUES. 6-11 10:30

Church, Chapel, Vault/Liner Graveside graveside only : Mayer Jim 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. X Ebb

War time veteran _____

✓ Lot 88 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund Pre-need 12904 ~~0~~

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 874.38

Paid receipt number VISA 874.38

Balance due ~~0~~

PAID
JUN 06 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO

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.

X Carl A. Halonen
Signature

X 2621 ARNOTT ST.
Address

X SAN DIEGO 92110
City Zip Code

X 276-5983
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12939

Invoice # _____

Acct. # _____

PY-583 (Rev. 8-92)

E20458

Pre-Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-20-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eunice Halonen

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 of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 88 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number VISA	895.00
Balance due	Ø

PAID
MAY 20 1996
paid in full
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.

X Carl A. Halonen
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Address X 2621 ARNOTT ST.
City X SAN DIEGO Zip Code 92110
Telephone 276-5983

Invoice # _____

Acct. # _____

Work Order # E 12904

PY-593 (Rev. 8-92)

E20458

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Eunice Vivian Halonen "A"

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Double-Depth "B"

			X	HARVEY		
		clark	clark		Hill	

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Carl A. Halonen

Interment Date: Friday Nov 2 Time: 900 6S DDCrypt B

Div: 12 Sect: 3 Blk/Row: ____ Lot: 88 Grave: 5

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

E 20458

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

82

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CARL	A.	HALONEN	03/01/1925	10/29/2007	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	KATHIE HALONEN, DAUGHTER 5569 LESA RD. 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
MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	FD1424	▶ [signature]	10/31/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	10/31/2007	▶ 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 11-2-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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 11-1-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Rodriguez 231240

in a Liner (Type of Burial Container) Funeral, date, time Tues. Nov. 6

Church, Chapel, Graveside _____ : WMS SD Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 14 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	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number R-60501	1679.47
Balance due	Ø

PAID
NOV 7 2007
MOUNT HOPE CEMETERY

619-525-8433
Lisa Watkins

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.

231239

I hereby authorize the interment in lot I hold under deed.

x Noemi Nava
Print Name

x 4761 67th st
Address

x San Diego CA 92115
City Zip Code

x (619) 808-9963
Telephone

x Noemi Nava
Signature

Emery victims 531168

Invoice # _____

Work Order # E 20459

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© printed on recycled paper

Low Income

E20459

THE CITY OF SAN DIEGO

November 2, 2007

Victims of Crime Fund
Hall of Justice
330 W. Broadway
San Diego, CA 92101

RE: Emergency Processing of Immediate Payment

Dear Sir or Madam:

This letter is to request an emergency processing of an immediate payment from the Victims of Crime Fund. Mt. Hope Cemetery is the municipal Cemetery for the City of San Diego and our policies do not allow service to be initiated until they are paid in full. The current policy requires a 48-hour advance payment to properly ensure gravesite preparation.

Your cooperation is greatly appreciated and together we hope to continue to help those affected by crime in our community.

Name of Deceased: David Rodriguez

Amount: $1679.47

Sincerely,

M. 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

Revised July 2007 E20459

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: David JR Rodriguez Jr.

Address: 4912 67th st #B

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) $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.

Noelia Nava ~~Husband~~ Wife 11/02/07

Signed/ Relationship Date

CDL E1844228 - 9-3-08

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 IRS documents verified

David Lugo Nov. 2, 2007

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

E20459

Form **1040** Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 2006

(99) IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning , 2006, ending , 20

OMB No. 1545-0074

Label

Use the IRS label. Otherwise, please print or type.

DAVID J RODRIGUEZ JR.
4912 67TH ST APT. B
SAN DIEGO , CA 92115

Your social security number: 562-63-5999

Spouse's social security number

▲ 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 page 16) ► [ ] You [ ] Spouse

Filing Status

Check only one box.

1 [ ] Single
2 [ ] Married filing jointly (even if only one had income)
3 [X] Married filing separately. Enter spouse's SSN above & full name below. ► NOEMI RODRIGUEZ
4 [ ] Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
5 [ ] Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a [X] **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:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qual. child for child tax cr.
DAVID RODRIGUEZ	626-39-0421	SON	X
ASAEL RODRIGUEZ	615-47-6788	SON	X
ANTONIO RODRIGUEZ	606-61-1315	SON	X

If more than four dependents, see page 19.

No. of children on 6c who: • lived with you: 3 • did not live with you due to divorce or separation:

Dependents on 6c not entered above:

d Total number of exemptions claimed ► 4

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	11,594.
8a	**Taxable** interest. Attach Schedule B if required	8a	
b	**Tax-exempt** interest. **Do not** include on line 8a — 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 23) — 9b		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	1,776.
13	Capital gain/(loss). Attach Sch D. if not required check here ► [ ]	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions — 15a — b Taxable amt	15b	
16a	Pensions and annuities — 16a — b Taxable amt	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits — 20a — b Taxable amt	20b	
21	Other income. List type and amount (see page 29)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ►	22	13,370.

Adjusted Gross Income

23	Archer MSA deduction. Attach Form 8853	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	126.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 29)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ►	31a	
32	IRA deduction (see page 31)	32	
33	Student loan interest deduction (see page 33)	33	
34	Jury duty pay you gave to your employer	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	126.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ►	37	13,244.

KBA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.**

Form 1040 (2006)

Form Software Copyright 1996 - 2007 H&R Block Tax Services, Inc.

E20459

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DAVID	-	RODRIGUEZ JR.	10/30/1980	10/28/2007	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	NOEMI NAVA, WIFE 4761 67TH ST SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575

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 permit: ▶

8B. DATE SIGNED: 11/05/2007

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
11.00	11/05/2007	▶ 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 MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 11/7/2007	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.)

RTC NGGO

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-2-07

231219

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HUMPHREY, JUDITH (KERR)*

in a TS VAULT (Type of Burial Container) Funeral, date, time Nov 13 Tues 2:00 PM

Church, Chapel, Graveside _____ : Featheringill ? Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ Kori Truesdale

will be applied and billed to undersigned. _____

Division MAS Section P Blk/Row _____ Lot 16 Grave 3

Grave space & Care Fund	3016.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	472.00
Handling Fees	350.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	36.58
Total Due	4662.58
Paid receipt number R-60510	4662.58
Balance due	Ø

PAID
NOV 8 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.

231218

I hereby authorize the interment in lot I hold under deed.

* Virginia Staufenbeil
Signature

* Virginia Staufenbeil
Print Name

* 39845 Wild Canary Lane
Address

* Murrieta CA 92562
City Zip Code

* 858 205 8321
Telephone

Invoice # _____

Work Order # E 20460

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20460

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container T.S. vault

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Judith Humphrey

Interment Date: 11-13-07 Time: 2:00pm

Div: MAS Sect: P Blk/Row: ____ Lot: 16 Grave: 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 at: _____ of grave

E20460

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JUDITH	ANN	HUMPHREY	07/31/1946	10/31/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	VIRGINIA STAUFENBEIL, DAUGHTER 39845 WILD CANARY LANE MURRIETA, CA 92562

TYPED NAME AND ADDRESS OF 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. Davis	11/06/2007

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	11/06/2007	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 11-13-07	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 ▶	
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THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 11/06/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ABEBA G. TESBA 231236

in a Double Depth "A" (Type of Burial Container) Funeral, date, time Tues. Nov. 6 12:00

Church, Chapel, Graveside Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division MAS Section T Blk/Row ~ Lot 10 Grave 1

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number AP061688	3896.77
Balance due	0

PAID
NOV 2 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.

231235
+ABEBE LANKEBO
Print Name
+P.O. BOX 12226
Address
City +San Diego Zip Code 92112
Telephone (619) 261-0928

I hereby authorize the interment in lot I hold under deed.

Abebe Lankebo
Signature

CDL C263 6733

Invoice # _____

Work Order # E 20461 5-09

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20461

MOUNT 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-Depth "A"

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Abeba G. Tesba

Interment Date: Nov. 6 Time: 12:00

Div: MAS Sect: T Blk/Row: ~ Lot: 10 Grave: 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 at: _____ of grave

E20461

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ABEBA	G.	TESBA	02/07/1938	11/01/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MENGISTABE GOITOM, HUSBAND 4130 43RD STREET #7 SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sennika Bryan	11/05/07

*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 ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	11/05/2007	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 11/7/2007	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
D.I.P.

Date 11-2-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pauline J. Hardy 225651 Friday in a T.S. Vault (Type of Burial Container) Funeral, date, time Nov. 9th 11:00 Church, Chapel, Graveside Greenwood Mortuary.

1230-1pm Arrival

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division GAR Section 2 Blk/Row _____ Lot 129 Grave 1

Grave space & Care Fund A-4985 11/1/52 ~~0~~

Overtime/Late Arrival Fees

Opening/Closing & Setup 20

Burial Container

Handling Fees

Flower vases – Marker setting fee

Recording/Filing/Transfer fees

Sales taxes

PAID NOV 5 2007

MOUNT HOPE CEMETERY

See attached E-13704

Total Due ~~131.76~~ 131.76

Paid receipt number AP 06214A R-60354

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

Rich Hardy 231253
Print Name

10340 Santana St.
Address

Santee, CA 92071
City Zip Code

619-258-1865
Telephone

Invoice # _____

Work Order # E 20462

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20462

(2) Pre-need Trusts lot paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-26-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earl M. and Pauline J. Hardy

in a T.S. vaults (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 129 Grave 1 & 2 Row _____ Section GAR Division/~~Block~~ 2

Grave space & Care Fund	pre-need A-4985	~~0~~
Additional spaces and care fund		—
Opening/Closing & Setup	2 @ $ 375.00	750.00
Burial Container	2 @ $ 250.00	500.00
Handling Fees	2 @ $ 185.00	370.00
Flower vases – Marker setting fee		—
Recording and filing fee	2 @ $ 45.00	90.00
Sales taxes	2 @ $ 19.38	38.76
	Total Due	1,748.76
	Paid receipt number R-48728	437.00
	Balance due	1,311.76
	Visa 06214A	1311.76

PAID
NOV 5 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 of recorded holder of deed

X Pauline J Hardy
Signature

X 516 Ruston Ave
Address

X Spring Valley CA 91977
City Zip Code

X 479-5219
Telephone

Invoice # _____

Work Order # E 13704

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20462

MOUNT 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 D.I.P.

BOTTS	BOTTS	HARDY	X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Pauline J. Hardy

Interment Date: Friday Nov 9 Time: 11:00 church

Div: GAR Sect: 2 Blk/Row: 1 Lot: 129 Grave: _____

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: _____ of grave

E20462

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
PAULINE	J.	HARDY	10/19/1920	10/31/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	RICHARD E. HARDY, SON 10340 SANTANA STREET SANTEE, CA 92071

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE SAN DIEGO, CA 92113	FD843	▶ [signature]	11/07/2007

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 ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	11/07/2007	▶ 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 11-9-2007	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 2 IS RETAINED BY 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 only

Date 11-5-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mr. Mays, William A.

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 138 Grave 7

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-01031	452.80
Balance due	1,811.20

PAID
APR 30 2009
P-01725 Paid in full
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 William A. May
Signature

William A. May 23207
Print Name

3064 K. St.
Address

San Diego, CA 92102
City Zip Code

619 544 0978
Telephone

Invoice # _____

Work Order # E 20463

Acct. # _____

REA-104 (3-04) This information is available in alternative formats upon request.

11/13 Mailed Certificate 5/4/09 Mailed deed

E20463 File E-20463

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20463 DATE: 5/1/2009

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:* *William A Mays 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: 11 SECTION: 1 BLOCK / ROW: LOT: 138 GRAVE(s): 7
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the *Rules and Regulations of Mount Hope Cemetery* now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 1st day of May, 2009.

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

E20463

Pin: 231207 | Monthly Payments: $75.47 | E- 20463

Name	Address	City	Zip Code	Amount
MAYS, WILLIAM	3064 K STREET	SD	92102	$ 2,264.00

DIVISION 11 | SECTION 1 | LOT 138 | GRAVE 7

Date	Opened Pre-Need Lot	Receipt #	Payment	PERPETUITY 67007	LOT 100/77184	INCORRECT ACCT 63033/77186
				$452.80	$1,811.20	
11/5/2007	Downpayment	P-01037	$452.80			$452.80
					$1,811.20	
12/10/2007	Coupon # 1	P-01065	$75.47			$75.47
					$1,811.20	
12/26/2007	Coupon # 2	P-01081	$75.47			$75.47
					$1,811.20	
1/4/2008	Coupon # 2	P-01089	$75.47			$75.47
					$1,811.20	
1/16/2008	Coupon # 3	P-01107	$75.47			$75.47
					$1,811.20	
2/5/2008	Coupon # 4	P-01127	$75.47			$75.47
					$1,811.20	
2/29/2008	Coupon # 5	P-01150	$75.47			$75.4
					$1,811.20	
3/19/2008	Coupon # 6	P-01173	$75.47			$75.47
					$1,811.20	
4/11/2008	Coupon # 7	P-01202	$75.47			$75.47
					$1,811.20	
5/28/2008	Coupon # 8	P-01252	$75.47		$75.47	
					$1,735.73	
6/18/2008	Coupon # 9	P-01279	$75.47			$75.47
					$1,735.73	$1,132.03
7/10/2008	Coupon # 10	P-01309	$75.47		$75.47	
				$452.80	$1,660.26	
7/11/2008	Coupon # 11	DP3821345	$1,132.03	$452.80	$679.23	($1,132.03)
				$0.00	$981.03	$0.00
8/1/2008	Coupon # 12	P-01344	$75.47		$75.47	
					$905.56	
9/4/2008	Coupon # 13	P-01383	$75.47		$75.47	
					$830.09	
10/1/2008	Coupon # 14	P-01414	$75.47		$75.47	
					$754.62	
11/3/2008	Coupon # 15	P-01516	$75.47		$75.47	
					$679.15	
11/24/2008	Coupon # 16	P-01543	$75.47		$75.47	
					$603.68	
12/9/2008	Coupon # 17	P-01568	$75.47		$75.47	
					$528.21	
1/5/2009	Coupon # 18	P-01586	$75.47		$75.47	
					$452.74	
2/2/2009	Coupon # 19	P-01621	$75.47		$75.47	
					$377.27	
3/2/2009	Coupon # 20	P-01655	$75.47		$75.47	
					$301.80	
4/1/2009	Coupon # 21	P-01691	$75.47		$75.47	
					$226.33	
4/30/2009	Coupon # 22&23	P-01724	$150.86		$150.86	
					$75.47	
4/30/2009	Coupon # 24	P-01725	$75.47		$75.47	
				$0.00	$0.00	$0.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need 10t/trust

15 Chairs

Date 11-5-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SHEILAH BAKER 231214

in a Double Depth "A" (Type of Burial Container) Funeral, date, time FRIDAY NOV. 9th 11:00

Church, Chapel, Graveside _____ ; CA BURIAL (El Cajon) Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 85 Grave 9

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-605073896.77
Balance due	0

PAID NOV 7 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.

231213

I hereby authorize the interment in lot I hold under deed.

X Tito Littleton
Signature

Sharon DiVito SD
202 Deerock Pl. 92114

X Tito Littleton
Print Name

X Sharon DiVito
Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 20464

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20464

MOUNT 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

		~~[illegible]~~	X	IBLE	mitchell	

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Sheilah Baker

Interment Date: Nov. 9th Friday Time: 11:00

Div: 11 Sect: 2 Blk/Row: ___ Lot: 85 Grave: 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 at: _____ of grave

E 20464

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHEILAH	LORRAINE	BAKER	01/17/1957	10/31/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	TITO LITTLETON, SON 202 DEEROCK PLACE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	11/8/07

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	11/08/2007	▶ 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)

BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 11-9-2007	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.)

MT. HOPE CEMETERY

INTERMENT ORDER

preneed

City of San Diego

Date 11/5/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for James Smith 227250

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 218 Grave 9

Grave space & Care Fund pt. of E-18147

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases – Marker setting See attached

Recording/Filing/Transfer Fees

Sales taxes

MOUNT HOPE CEMETERY AUG 14 2008 PAID

Total Due 738.-

Paid receipt number AP 015204 400.-

P-01037

Balance due 338.-

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

PIN 227250

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name James A. Smith

Address 7240 El Cajon #7

City San Diego Zip Code

Telephone 619-288-0549

Invoice # _____

Work Order # E 20465

Acct. # _____

REA-104 (3-04) *This information is available in alternative formats upon request.*

11/5/07 mailed coupons

E20465

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56936

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Nov. 04 20 03

From: James Smith Address: 3891 Gamma st SD 92113

Three Hundred Eighty Five Dollars ($ 385.00)

in part Payment of Pre need 9 Marker set fee Etta Smith

Lot 218 Grave 9 Row Section 2 Division Block 12

Invoice No. E18147

Acct. No.

W.O.

BALANCE DUE 738

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	247	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100	138	—
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	385	—

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

1212

E20465

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/24/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Smith 227250

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 218 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup 7-8-04 forwarded to collections	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	985 —
Paid receipt number R-51936	247 —
Balance due	738 —

Sent to collections 12-16-05 acct # 128263 invoice 432426

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.

~~Pamela Smith~~

I hereby authorize the interment in lot I hold under deed.

James Smith

Signature of recorded holder of deed

Pam

X James Smith

Signature

X 3816 Gamma St

Address

X San Diego CA

City Zip Code

X 286-2182

Telephone

Invoice # 432426

Work Order # E 18147

Acct. # 128263

~~TO~~ 3206026

REA-104 (7-96) This information is available in alternative formats upon request

E20465

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/24/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Smith 2272,50

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 218 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup 7-8-04 forwarded to collections	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	985 —
Paid receipt number R-51936	247 —
Balance due	738 —

Sent to collections 12-16-05 acct # 128263 invoice 432426

I hereby certify I am the Sly of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

~~Pamela Smith~~

I hereby authorize the interment in lot I hold under deed.

James Smith
Signature of recorded holder of deed

Pam

Pamela Smith
Signature

3891 Gamma St
Address

San Diego CA
City Zip Code

286-2182
Telephone

Invoice # 432426

Acct. # 128263

Work Order # E 18147

ID 3206026

REA-104 (7-98) This information is available in other [illegible]

E20465

THE CITY OF SAN DIEGO

Thursday, October 04, 2007

Mr. John Fallon,
Collections Investigator IIII
City Treasurer Office
202 "C" Street
San Diego, CA 92102

Dear Mr. Fallon,

Mt Hope Cemetery we would like to cancel the contract of James Smith E-18147, invoice 432426. There were two separate accounts sent to collections and one was named Pamela Smith in error.

Thank you,

David Lugo
Cemetery Manager
Mt Hope Cemetery

pc/DL
attachment

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 20465

THE CITY OF SAN DIEGO

Thursday, October 04, 2007

Mr. Leonardo Jimenez,
Account Audit Clerk
City Auditor & Comptroller
202 "C" Street
San Diego, CA 92102

Dear Mr. Jimenez,

Mt. Hope Cemetery we would like to cancel the contract of James Smith E-18147, invoice 432426. There were two separate accounts sent to collections and one was Pamela Smith in error.

Thank you,

David Lugo
Cemetery Manager
Mt Hope Cemetery

pc/DL
attachment

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

12 CHAIRS

Date 11-6-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kathryn M. Snelson 231230

in a Double-Crypt "A" (Type of Burial Container) Funeral, date, time SAT. NOV. 10th 11:00

Church, Chapel, Graveside St. Stephen SCOGIC Mortuary Anderson-Ragsdale

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ annual 130 will be applied and billed to undersigned.

Division 7 Section 16 Blk/Row Lot 55 Grave 3

Grave space & Care Fund	3011.–
Overtime/Late Arrival Fees SATURDAY FEE	1133.–
Opening/Closing & Setup 2 @ 708.00	1416.–
Burial Container	717.–
Handling Fees	604.–
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 @ 85.00	170.–
Sales taxes	55.57
Total Due	7,106.57
Paid receipt number R-60363	7,106.58
Balance due	.01

PAID NOV 6 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.

231228

I hereby authorize the interment in lot I hold under deed.

Charlie L. Snelson (Signature)

CHARLIE L. SNELSON (Print Name)

7800 HIGHGATE LN. (Address)

LA MESA CA 91942 (City, Zip Code)

619 460 8536 (Telephone)

Work Order # E 20466

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20466

MOUNT 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 Depth Crypt A

		Romero	X	Collver		

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Kathryn M. Snelson

Interment Date: 11-10-07 Time: 11:00

Div: 7 Sect: 16 Blk/Row: ____ Lot: 55 Grave: 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 at: _____ of grave

E20466

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

72

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KATHRYN	MC DOWELL	SNELSON	12/12/1934	11/05/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	CHARLIE L SNELSON, HUSBAND 7800 HIGHGATE LANE 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
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Glennka Pryor	11/7/07

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is an 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 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	11/07/2007	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 11-11-07	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 11-6-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARTHA BARROS 231242

in a LINER (Type of Burial Container) Funeral, date, time 11-15 THUR 2 PM

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 11 Section 2 Blk/Row _____ Lot 14 Grave 9

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	1679.47
Paid receipt number P061091	1679.47
Balance due	-0-

PAID NOV - 6 2007 MOUNT HOPE CEMETERY

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.

231241

I hereby authorize the interment in lot I hold under deed.

x Sebastiania Lagarda Orrier
Signature

x Sebastiania Lagarda Orrier
Print Name

x 1420 San Altos Pl
Address

x Lemon Grove, CA 91945
City Zip Code

x 619-697-0194
Telephone

Invoice # _____

Work Order # E 20467

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Low income

E20467

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container LINER

			DAVIS X LAKE JR			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: DAVIS, LAKE JR. CHURCH II

Interment Date: NOV 15 Time: 12:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 69 Grave: 8

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

E204-67

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 Mendez Barros

Address: Brighton Place 1350 N. Euclid Ave. Sp

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) $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.

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.

Sebastiana Lagarde - Driver - Niece 11/6/07

Signature Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Approved by 11/6/07 Date

Current Nursing Home Docs Documents verified on: 11/6/07

Approved By

Date 11/6/07

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

E 20467

November 5, 2007

To Whom It May Concern:

Mrs. Martha Barros was a patient at Brighton Place San Diego. She lived here for seven years. She was low income. Martha received social security, but her income went towards her share of cost and she only was allowed to keep thirty-five dollars a month. I hope you will consider Martha for a reduced funeral because she was low income.

Sincerely,

Linda E. Clark BSW

Linda E. Clark BSW
Director of Social Services

1350 N. Euclid Avenue, San Diego CA 92105 Phone: 619-263-2166 Fax: 619-263-5413 E-mail: brightonceo@mac.com

E 20467

74

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARTHA	MENDEZ	BARROS	03/01/1933	10/21/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	SEBASTIANA DRIVER, NIECE 1420 SAN ALTOS PLACE 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
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658	▶ [signature]	11/08/2007

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	11/08/2007	▶ 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)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST.,SAN DIEGO,CA 92102	11B. DATE BURIED 11-15-2007	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 2 IS RETAINED BY 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
Resident

Date 11- -07

231226

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tony Lawrence Hawkins

in a Liner (Type of Burial Container) Funeral, date, time NOV. 14 weds 2007 (11:00)

Church, Chapel, Graveside CA BURIAL Mortuary

619) 286-0015 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 142 Grave 7

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total due	3358.93

PAID
NOV 14 2007
MOUNT HOPE CEMETERY

victims of crime
619-525-8433
619-531-2263

Paid receipt number R-60519 3358.93

Balance due Ø

I hereby certify I am the X 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.

231225

I hereby authorize the interment in lot I hold under deed.

X Doris Cook
Signature

X DORIS COOK
Print Name

X 5326 Cuminito Manly
Address

X S. D. CA 92105
City Zip Code

X 619 3953781
Telephone

Invoice # _____

Work Order # E 20468

Acct. # _____ ✓

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20468

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Tony L. Hawkins

Interment Date: Nov. Time: _____

Div: 11 Sect: 2 Blk/Row: ___ Lot: 142 Grave: 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 at: _____ of grave

E20468

THE CITY OF SAN DIEGO

November 8, 2007

Victims of Crime Fund
Hall of Justice
330 W. Broadway
San Diego, CA 92101

RE: Emergency Processing of Immediate Payment

Dear Sir or Madam:

This letter is to request an emergency processing of an immediate payment from the Victims of Crime Fund. Mt. Hope Cemetery is the municipal Cemetery for the City of San Diego and our policies do not allow service to be initiated until they are paid in full. The current policy requires a 48-hour advance payment to properly ensure gravesite preparation.

Your cooperation is greatly appreciated and together we hope to continue to help those affected by crime in our community.

Name of Deceased: Tony lawrence Hawkins

Amount: $3,358.93

Sincerely,

M. 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

E20468

9 1951 2002

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY
LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. All persons submitting a fee waiver are required to submit verification of income and proof of residency as proof of qualification.

Name of Deceased: Tony Lawrence Hawkins

Address: 522 S. 45th St

City: San Diego State CA Zip Code 92113

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		Annual Income
✓	(1) $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.

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.

April Hawkins Sister 11/7/07

Signature Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Approved by Date

Current _____ Documents verified on: _____

Approved By _____

Date _____

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

E20468

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

35

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TONY	LAWRENCE	HAWKINS	06/07/1972	11/05/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PEGGY DIX, SISTER 848 N MOLLISON AVE #C-19 EL CAJON, CA 92021

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 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: ▶ Victoria Mitchell

8B. DATE SIGNED: 11/09/07

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	11/09/2007	▶ WILMA WOOTEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 11/14/2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Michael J. [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

MT NEGO

Date 11-6-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HARRIS, DEVESTER 231224

in a LINER (Type of Burial Container) Funeral, date, time NOV 13 TUE church 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 10 Grave 7

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1679.47
Paid receipt number R-60509	1679.47
Balance due	0

PAID
NOV 8 2007
MOUNT HOPE CEMETERY

I hereby certify I am the X Margie Wilson 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.

231223

I hereby authorize the interment in lot I hold under deed.

X [signature]
Signature

X Lorriane Harris (wife)
619 262-1292

X Margie Wilson
Print Name

X 2609 Bashor St.
Address

X Duarte, CA. 91010
City Zip Code

X 626) 256-1974 / 626 255-8926
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20469

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

LOW INCOME

E20469

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: Devester Lee Harris

Address: 7790 Via Toscano #2405

City: San Diego State CA Zip Code 92129

City of San Diego resident? (Circle) (YES) NO

Size of Family (check one) N/A

	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.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Signature _____ Relationship Sister Date 11/06/2007

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 11/7/07

Current Parole/DMV Documents verified on: 11/7/07

Approved By _____

Date 11/7/07

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

DIVERSITY

Guidelines
Mt. Hope Low-Income Fee Waiver (Effective June 2007)

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 2005 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

Size of Family	Annual Income
1	$14,400
2	$23,590
3	$32,390
4	$39,980
5	$47,180
6	$55,180
More than 6	Each additional member add $ 8,000

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 is intended for "At Need" services only.

E 20469

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DEVESTER	LEE	HARRIS	05/06/1970	11/02/2007	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	MARGIE WILSON, SISTER 2609 BASHOR ST DUARTE, CA 91010

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	11/7/07

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	11/07/2007	▶ 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 ST SAN DIEGO CA 92102	11B. DATE BURIED 11-13-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Perry	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA. ONLY ENTER LATITUDE 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.)

E20469

STATE OF CALIFORNIA—YOUTH AND ADULT CORRECTIONAL AGENCY

Arnold Schwarzenegger, Governor

DEPARTMENT OF CORRECTIONS
PAROLE AND COMMUNITY SERVICES DIVISION
ESCONDIDO 2 PAROLE OFFICE
1301 SIMPSON WAY
ESCONDIDO, CA. 92029

To Whom It May Concern: 11/6/07.

Mr. Devester Harris (H62886) was in custody at California Department of Corrections and Rehabilitation during the following date: 3/11/03 to 3/20/07. On 3/20/07. he paroled from Wasco State Prison

State Parole does not assume any financial responsibility for Mr. Harris.

Sincerely.

M. Lucero

M. Lucero
Parole Agent I
(760)737-7935 ext 238

E20469

RECEIPT - NOT A LICENSE OR PERMIT

NOT A VERIFIED IDENTIFICATION

APPLICATION FOR ID RENEWAL

A4242505

SYLVESTER LEE HARRIS
7790 VIA TOSCANO 2405
SAN DIEGO CA 92129

AMOUNT DUE	:	22.00
AMOUNT RCVD - CASH:		50.00
- CHCK:		
- CRDT:		
- CARD:		
CASH BACK	:	28.00

NAME AND DOB DID NOT VERIFY

Sylvester Harris

IF YOU DO NOT RECEIVE YOUR IDENTIFICATION CARD WITHIN 60 DAYS, PLEASE CONTACT OR PRESENT THIS RECEIPT TO ANY DMV OFFICE.

032707 OFFICE -669 032707 39/5044 334

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-6-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DERR, NYZELL 23212

in a LINER Funeral, date, time NOV 9 FRI 3PM
Type of Burial Container

Church, Chapel, Graveside _____ CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 235 Grave 8

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	20.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R60358	3358.93
Balance due	-0-

PAID
NOV - 6 2007
MOUNT HOPE CEMETERY

I hereby certify I am the Dallas Nailon of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

father 23210

I hereby authorize the interment in lot I hold under deed.

Dallas Nailon
Signature

Dallas L Nailon
Print Name

221 Middlebush DR
Address

S.D. CA 92114
City Zip Code

619/698-5416
Telephone

Invoice # _____

Work Order # E 20470

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20470

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block *marked with "X". Place the name's, lot # and grave # of all existing marker's* in the appropriate space (s) that are adjacent to the burial space.

Burial Container LINER.

			DERR X NYZELL			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Nyzell Derr

Interment Date: Fri. Nov 9th Time: 1:00 Church 3pm arrival

Div: 12 *Sect:* 2 *Blk/Row:* ____ *Lot:* 235 *Grave:* 8

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

E20470

15

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NYZELL	LESEAN	DERR	11/02/1992	11/02/2007	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	SHAUNTRECE MORRIS, MOTHER 16016 BABCOCK ST., #79 SAN DIEGO, CA 92127

7A. TYPED NAME AND ADDRESS OF 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	11/07/2007

8. ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT		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	11/07/2007	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 11-9-2007	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 7054.5, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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
on grave

Date 11/7/07
224752

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marjory E. Tucker ~~221048~~ FRIDAY

in a Ash vault (Type of Burial Container) Funeral, date, time Nov. 16th 12:00 noon

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 11 Section 1 Blk/Row _____ Lot 98 Grave 5

Grave space & Care Fund D-7467 (10-21-76)	∅
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 002109	384.12
Balance due	∅

PAID
NOV - 7 2007
MOUNT HOPE CEMETERY

CO N4812 104
11-12 10

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 Wendy Tucker
Signature

X WENDY TUCKER ~~221247~~
Print Name

X PO BOX 40358
Address

X SAN DIEGO 92164
City Zip Code

X 619 284 9112
Telephone

Invoice # _____

Work Order # E 20471

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

E 20471

DATE 6-29 1977

CHARGE Marjory E. Tucker

ADDRESS 4585 W. Henry Pl. S.D. (17)

NAME OF DECEASED Pre-need

OWNER Same

ADDRESS 278-2994

MORTUARY

LOT 98 GR 4 ROW SEC 1 DIV 11	200	00
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION VET.		
TOTAL	$200	00
PAID RECEIPT NUMBER 24877		
BALANCE		

Contract to John C. Tucker.

PAID

JUN 29 1977

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

#8970

AUTHORIZED
IN PERSON
PHONE BY CH Smart

ORDER TAKEN BY R. W. Dehne

W.O. NO. D 8199

INVOICE NO. CASH

FORM PR-974 REV.

E20471

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH John C. Tucker (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

	WILLIAMSON		X	JONES		

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Marjory E. Tucker

Interment Date: Nov. 16th *Time:* 12:00 noon

Div: 11 Sect: 1 Blk/Row: ____ Lot: 98 Grave: 5

Grave Laid out by: Norman Feighan

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20471

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 1918200

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARJORY	ELEANORE	TUCKER	12/22/1917	11/03/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	WENDY LEE TUCKER, DAUGHTER P.O. BOX 40358 SAN DIEGO, CA 92164

7A. 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 paper	8B. DATE SIGNED
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE SAN DIEGO, CA 92113	FD843	▶ Michael Lund	11/07/2007

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	11/07/2007	▶ 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
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 11/16/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY, 4300 IMPERIAL AVENUE, SAN DIEGO, CA 92113	12B. DATE CREMATED 11-15-07	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

City of San Diego

At need

Date 11/7/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Benito Barragan 231222

in a Double Depth "A" (Type of Burial Container) Funeral, date, time Tues. Nov 13th 12:00

Church, Chapel, Graveside ; El Camino Cypress Mortuary

arrival 1:00

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row _____ Lot 160 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	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number R-60505	-3,000.00
AP046337 Balance due	-896.77

PAID
NOV 7 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.

231222

I hereby authorize the interment in lot I hold under deed

Signature

Biana Bebbington
Print Name

2134 Carol View Dr. #202
Address

CARDIFF, CA 92007
City Zip Code

760-525-5246
Telephone

Invoice # _____

Work Order # E 20472

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20472

ACCOUNT NO. U23-07879-03-7 BENITO BARRAGAN

SERVICE ADDRESS 1251 27TH ST

Oct 12 2007 — PAYMENT DUE DATE

$13.26 — TOTAL AMOUNT DUE

TYPE OF SERVICE	METER	SERVICE PERIOD FROM	TO	DAYS	METER READING PREVIOUS	CURRENT	USAGE HCF*	AMOUNT	CODE
Water Used		08-14	09-13	30	518	526	8	0.00	E
Sewer Base Fee		08-14	09-13	30				12.31	
Storm Drain Fee								0.95	
						TOTAL AMOUNT DUE		$13.26	

E20472

MOUNT 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 Depth "A"

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Benito Barragan

Interment Date: Tues. Nov 13 Time: 12:00 noon

Div: 12 Sect: 2 Blk/Row: ____ Lot: 160 Grave: 2

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

E20472

64

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BENITO	-	BARRAGAN	12/03/1942	11/05/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	ALTHEA BARRAGAN, WIFE 1251 27TH ST SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-I.A., 3953 IMPERIAL AVE SAN DIEGO, CA 92113	FD670	▶ Althea Barragan	11/09/2007

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 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	11/09/2007	▶ 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 3753 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 11-13-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 2 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

AT NEED
with Peter R. Ramiscal

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-7-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RAMISCAL, DONNA LOU #215914

in a ASH VAULT (Type of Burial Container) Funeral, date, time ~~Nov 20 [illegible] 1:00PM~~

Church, Chapel, Graveside _____ : PALM LOS VEGAS Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 4 Section 1 Blk/Row _____ Lot 6 Grave 6

Grave space & Care Fund E12843 4-5-96	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	
Balance due	

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Debra G. Videna
Signature

Debra G. Videna
Print Name

341 Windjammer Cr
Address

Chula Vista Ca 92101
City Zip Code

619-203-8531
Telephone

Invoice # _____

Work Order # E 20473

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20473

875755

STATE OF NEVADA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
BURIAL TRANSIT PERMIT

000000000025480

PERMIT NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME FIRST	1b. MIDDLE	1c. LAST	2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
Donna	Lou	RAMISCAL	October 24, 2007	Clark

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)	3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify)	4. SEX
Las Vegas	6709 Sterling Springs Parkway		Female

5. RACE-(e.g., White, Black, American Indian) (Specify)	5. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE-Last birthday (Years)	7b. UNDER 1 YEAR MOS / DAYS	7c. UNDER 1 DAY HOURS / MINS	8. DATE OF BIRTH (Mo/Day/Yr)
White	No Non-hispanic	82			February 13, 1925

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

9a. STATE OF BIRTH (If not U.S.A., name country)	9b. CITIZEN OF WHAT COUNTRY	10. EDUCATION	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
Texas	United States	12	Widowed	

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	14b. KIND OF BUSINESS OR INDUSTRY
376-20-1042	Electronic Assembler	Factory

15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Clark	Las Vegas	6709 Sterling Springs Parkway	Yes

PARENTS

16. FATHER - NAME (First Middle Last Suffix)	17. MOTHER - NAME (First Middle Last Suffix)
Arthur CUPER	Evelyn CONLEY

18a. INFORMANT NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)
Debra G VIDENA	341 Wind Jammer Circle Chula Vista, California 91910

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY - NAME	19c. LOCATION City or Town State
Cremation	Palm Crematory	Las Vegas Nevada 89101

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE	20c. NAME AND ADDRESS OF FACILITY
BART BURTON SIGNATURE AUTHENTICATED	50	Palm Mortuary-Cheyenne 7400 W Cheyenne Las Vegas NV 89129

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)

21b. DATE SIGNED (Mo/Day/Yr) 10-31-07 | 21c. HOUR OF DEATH 03:00

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)

22b. DATE SIGNED (Mo/Day/Yr) | 22c. HOUR OF DEATH

22d. PRONOUNCED DEAD (Mo/Day/Yr) | 22e. PRONOUNCED DEAD AT (Hour)

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, CORONER) (Type or Print): Craig Jorgenson MD 9975 S. Eastern Ave. Las Vegas NV 89123

23b. LICENSE NUMBER 7577

REGISTRAR

24a. REGISTRAR (Signature) Christine Johnson Deputy

24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) OCT 2 2007

24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

INSTRUCTIONS IF MORE THAN ONE CAUSE GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) Pneumonitis — Interval between onset and death: months

DUE TO, OR AS A CONSEQUENCE OF

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1

26. AUTOPSY (Specify Yes or No): No

27. WAS CASE REFERRED TO CORONER (Specify Yes or No): Yes

AUTHORITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION

Having complied with all rules and regulations governing the preparation of dead human bodies and upon receiving the signatures of the person who is to certify the cause of death, the funeral director or person acting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-transit permit must be signed below by the cemetery or crematory authority. Where there is no full time person in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must be returned to the local registrar where death occurred or to the funeral director.

Palm Crematory
(Name of Cemetery or Crematory)

Signature of person in charge of the cemetery or crematory: Brian Jenkins Date 10-31-07

BURIAL PERMIT

VRS-Rev

Print Date: 10/27/2007 17:06:56

Burial Permit

530682

E20473

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-5-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Peter Ramiscal

in a ash vault (Vault/Liner) Funeral, date, time Fri 4-12 2:00

Church, Chapel, Graveside Graveside ; Balboa Creamation 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 X

War time veteran _____.

Lot 6 Grave 6 Row _____ Section 1 Division/~~Block~~ 4

Grave space & Care Fund Pre-need D-9218	0
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.85
Total Due	268.85
Paid receipt number R-47267	268.85
Balance due	0

PAID
APR 05 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Melody 283-0637 table & chair now many?

I hereby certify I am the X Donna Ramiscal of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Donna Ramiscal
Signature

X 1266 Wood Haven
Address

X Ocean side Ca
City Zip Code

X 9408079
Telephone

Work Order # E 12843

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

517) 505-6528
family is
Las Vegas

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 11-08-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alta Collins Pin 231232

in a Liner (Type of Burial Container) Funeral, date, time Tues. Nov 13 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 11 Section 2 Blk/Row _____ Lot 3 Grave 8

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees 3358.93 −1679.46	
Opening/Closing & Setup 1679.47	533.00
Burial Container −178.00	270.00
Handling Fees 1501.47 −65.71	206.00
Flower vases – Marker setting fee $1435.76 refund amount	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number AP 00524A	3,358.93
Balance due	0

PAID
NOV 8 2007
MOUNT HOPE CEMETERY

4/3/08 Refund of $1,435.76.

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.

231231

I hereby authorize the interment in lot I hold under deed

Signature: Adr Coll

Print Name: x Adrianne Collins

Address: x 8640 Hurlbut St

City: x SD Zip Code: 92123

Telephone: x 858-300-5923

Paulette

Work Order # E 20474

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

James Collins 510-290-4116

E20472

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: ALTA Collins

Interment Date: Tues. Nov 13 Time: 10:00 am

Div: 11 Sect: 2 Blk/Row: ___ Lot: 3 Grave: 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 at: _____ of grave

E20474

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

48

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALTA	DENISE	COLLINS	04/18/1959	11/04/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	ADRIANNE COLLINS, DAUGHTER 8640 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
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	11/8/07

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	11/08/2007	▶ 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 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 11-13-07	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 11-8-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAVIS, LAKE JR. 231234 CH H:00

in a LINER (Type of Burial Container) Funeral, date, time NOV 15 THUR 12:00 MT HOPE

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 1 Blk/Row _____ Lot 69 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
N/F Total Due	3358.93
Paid receipt number AP061435	3358.93
Balance due	0

PAID NOV - 8 2007 MOUNT HOPE CEMETERY

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 231233

I hereby authorize the interment in lot I hold under deed.

Celie Hooden
Signature

619-263-6349
Print Name

5536 Encina Dr.
Address

San Diego Ca 92114
City Zip Code

Celie Hooden
Telephone

Invoice # _____

Work Order # E 20475

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20475

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LAKE	-	DAVIS JR.	02/14/1958	11/06/2007 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	CELIE GOODEN, MOTHER 5536 ENCINA DRIVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	11/14/07

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 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	11/14/2007	▶ 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 11-15-07	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.)

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 11/9/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christine R. Robertson

in a T.S. Vault (Type of Burial Container) Funeral, date, time Friday Nov. 16 11:00

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 3 Section 4 Blk/Row _____ Lot 2 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
NOV 9 2007
MOUNT HOPE CEMETERY

Paid receipt number AP 8930261750.00
AP 00902Z

Balance due 1751.51

I hereby certify I am the X Daughter(s) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 Bonnie Robertson

X Laura C. Robertson
Print Name

X 2636 GRAND AVE #317
Address

X SAN DIEGO CA 92109
City Zip Code

X 619.417.3875
Telephone

Invoice # _____

Work Order # E 20476

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E80476

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container T.S. Vault

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Christine R. Robertson

Interment Date: _____ Time: _____

Div: 3 Sect: 4 Blk/Row: ____ Lot. 2 Grave: 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 at: _____ of grave

E20476

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

b1

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHRISTINE	RITA	ROBERTSON	02/09/1946	11/07/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LAURA ROBERTSON, DAUGHTER 2636 GRAND AVE APT 317 SAN DIEGO, CA 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658	▶ [signature]	11/14/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed statist herein is on of the dispositions 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	11/14/2007	▶ 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 11-16-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fergus	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
-12 CHAIRS-

Date 11/13/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOYCE L. YELDELL 23,246 2:00

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time FRIDAY NOV 16

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 11 Grave 3

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ 533.-	1,066.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 @ 65.-	130.-
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number R-60521	4,494.77
Balance due	Ø

PAID
NOV 15 2007
MOUNT HOPE CEMETERY

MORT. 2. Pay

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

23,245

I hereby authorize the interment in lot I hold under deed.

x Calvin Yeldell
Signature

x Calvin Yeldell
Print Name

4585 Open View
Address

San Diego, Ca 92113
City Zip Code

Telephone

Invoice # _____

Work Order # E 20477

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20477

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ∅

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container DD. CRYPT "A"

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Joyce L. Yeldell

Interment Date: Nov 16 Time: Friday

Div: 11 Sect: I Blk/Row: _____ Lot: 11 Grave: 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 at: _____ of grave

E 20477

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

48

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOYCE	LORRAINE	YELDELL	12/31/1958	11/11/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	CALVIN A YELDELL, HUSBAND 585 DREW VIEW LANE 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	11/16/07

8 ACKNOWLEDGEMENT OF APPLICANT – I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103056 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	11/16/2007	▶ 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)

BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 11-16-07	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
<Evelyn A. Garrett>

Date 11/13/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lenman M. Garrett 88 208061

in a ASH VAULT (Type of Burial Container) Funeral, date, time AYD 12/6/07

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 1 Blk/Row ~ Lot 1209 Grave 1

Grave space & Care Fund D-5405 / E-18033	Ø
Overtime/Late Arrival Fees –	
Opening/Closing & Setup	199.-
Burial Container	104.-
Handling Fees	114.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	8.06
Total Due	510.06
Paid receipt number AP0134 0A	510.06
Balance due	Ø

PAID
NOV 13 2007
MOUNT HOPE CEMETERY

I hereby certify I am the Patricia L. Ladd of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

2294175

I hereby authorize the interment in lot I hold under deed.

Patricia L. Ladd
Signature

PATRICIA L LADD
Print Name

8110 LAIRD ST
Address

LA MESA 91942
City Zip Code

619 463 3435
Telephone

Invoice # _____

Work Order # E 20478

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20478

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container ASH VAULT

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Lehman M. Garrett ⊗

Interment Date: _____ Time: _____

Div: B Sect: 1 Blk/Row: — Lot: 209 Grave: 1

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

E20478
7402

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LEHMAN	MONROE	GARRETT	09/27/1916	11/09/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	PATTI LADD, DAUGHTER 8110 LAIRD ST. LA MESA, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
AMERICAN CREMATION SERVICE, 6136 MISSION GORGE ROAD, STE 100 SAN DIEGO, CA 92120	FD1752	▶ [signature]	11/13/2007

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 102855 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	11/13/2007	▶ 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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT.HOPE CEMETERY,3751 MARKET ST.SAN DIEGO, CA 92102	11B. DATE BURIED 12-6-07	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 11-14-2007	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 2 IS RETAINED BY 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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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 11/13/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samantha Medrano (3mos) 231252

in a 0-Liner (Type of Burial Container) Funeral, date, time Friday Nov. 16 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 9 Section 1 Blk/Row ____ Lot 939 Grave 1

Grave space & Care Fund	142.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.-
Burial Container Size of casket	99.-
Handling Fees L 36" x W 14" x H 11"	36.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-60518	527.67
Balance due	Ø

PAID
NOV 13 2007
MOUNT HOPE CEMETERY

I hereby certify I am the X grandma of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231251

I hereby authorize the interment in lot I hold under deed.

X Signature

X Theresa Zuniga
Print Name

X 614 S. Bancroft St. #1
Address

X San Diego CA. 92113
City Zip Code

619-518-8385
Telephone

Invoice # ____

Work Order # E 20479

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20479

MOUNT 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 _____

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Samantha Medrano

Interment Date: Friday Time: 10:00

Div: 9 Sect: 1 Blk/Row: ____ Lot: ____ Grave: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: Ken Date 11/14/07

Cremains were placed at: _____ of grave

E20479

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

3MOS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SAMANTHA	-	PEREZ-MEDRANO	07/23/2007	11/01/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	CARMEN PEREZ, MOTHER 614 S BANCROFT STREET #1 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	11/9/07

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	11/09/2007	WILMA WOOTEN, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 11-16-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL David Morrison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

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.)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

E 20479

62006

Date: October 26, 2009

From: Theresa Zuniga Address: 614 S. Bancroft ST SD CA 92113

One hundred forty-seven and 23/100 Dollars ($ 147.23)

In Full Payment of Setting fee and 1 galvanized vase for Samantha Medrano

Div 9 Sec 1 Blk/Row Lot 939 Grave 1

Invoice No. E- 20479

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check 1433

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

RECEIVED
OCT 26 2009
By [signature]

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185	18.	00
Recording &	100		
Misc. Fees	77183	128.	00
Sales Tax	60101	1	23
	78390		
TOTAL PAID	$	147.	23

114.00
< 14.00

AC-212A (11-08)
This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date November 27, 2007

231265 Dec 3rd Monday 12:00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Tracie Jean Legare-Tyssee

in a ash-vault (Type of Burial Container) Funeral, date, time ~~Thurs. Nov. 29, 2007~~ Mon. Dec 3-12:00

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 11 Section 2 Blk/Row _____ Lot 24 Grave 9

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	
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	1,076.06
Paid receipt number A-800648	1,076.06
Balance due	Ø

PAID NOV 27 2007 MOUNT HOPE CEMETERY

I hereby certify I am the exhusband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231264

I hereby authorize the interment in lot I hold under deed.

Signature

Donald A Tyssee
Print Name

1754 Missouri St
Address

La Mesa 91941
City Zip Code

619 698-2668
Telephone

Invoice # _____

Work Order # E 20480

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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619 264 4546 619 787-4489

E20480

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø, Evelyn

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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: Tracie Jean Legare-Tyssee

Interment Date: Dec 3 Time: 1200 Graveside

Div: 11 Sect: 2 Blk/Row: ____ Lot: 24 Grave: 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 at: _____ of grave

E20480

37

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TRACIE	LEGARE	TYSSEE	05/29/1968	08/21/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PALM BAY	FLORIDA	DONALD TYSSEE-HUSBAND 1754 MISSOURI 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	8B. DATE SIGNED
DONALD TYSSEE 1754 MISSOUR ST LA MESA, CA 91941	-	▶	11/30/2007

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103025 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	$11.00	11/30/2007	▶ Wilma J. Wooten, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	PO BOX 85222 SAN DIEGO, CA92106-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [x] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING – REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 92102 3751 MARKET STREET SAN DIEGOCA	11B. DATE BURIED 12/3/2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 11/15/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LaRon Lee Davis

in a D.D.CRYPT "B" (Type of Burial Container) Funeral, date, time Tuesday Nov. 20 930

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 1 Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	
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 20481

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

Disinterment
Re-interment

Date 11/19/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Quillar, Davis

in a Liner to DDCRypt 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 14 Blk/Row _____ Lot 244 Grave 1

Grave space & Care Fund	D-3831	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	Disinterment	1,419.—
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		65.—
Sales taxes		
	Total Due	1,484.—
	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 20482

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 11/19/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of La Ron Lee Davis 231250

in a Liner (Type of Burial Container) Funeral, date, time Tues. 11/20/07 9:30

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 PAID Lot 7 Grave 10

NOV 19 2007

MOUNT HOPE CEMETERY

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	103.00
Handling Fees	135.00
Flower vases, Marker setting fee $29.33 / $178.00	207.33
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1886.80
Paid receipt number R-60526	1,886.80
Balance due	Ø

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.

231249

I hereby authorize the interment in lot I hold under deed.

x Marcia Wallace (Signature)

x Marcia Wallace (Print Name)

x 5139 LOGAN AV (Address)

x SAN DIEGO CA 92114 (City, Zip Code)

x 264-0703 (Telephone)

Work Order # E 20483

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

LOW INCOME

Printed on recycled paper

E20483

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ~~D~~

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: LaRon Lee Davis

Interment Date: 11/20 Time: 9:30 am

Div: 11 Sect: 2 Blk/Row: ___ Lot: 7 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

E20483

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: LaRON LEE DAVIS

Address: 5139 LOGAN AV.

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) $14,400	____	(4)	$ 39,980
____	(2) $ 23,590	____	(5)	$ 47,180
X	(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.

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.

Marcia Valba / Mother / Nov. 20, 2007

Signature Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Approved by 11/20/07 Date

Current IRS Documents verified on: 11/20/07

Approved By

Date 11/20/07

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

E20483

MOUNT 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 _____

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: LaRon Lee Davis

Interment Date: 11/20/07 Time: 930 am church

Div: 7 Sect: 14 Blk/Row: ____ Lot: 244 Grave: 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 at: _____ of grave

E20483

Form **1040A** Department of the Treasury - Internal Revenue Service **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 page 18.)

Use the IRS label. Otherwise, please print or type.

MARCIA R WALLACE
5139 LOGAN AVE
SAN DIEGO, CA 92114

Your social security number 568-49-4319

Spouse's social security number

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 page 18) ▶ ☐ 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 & full name here. ▶
4 ☒ Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 20)

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:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qual. child for child tax cr (see pg 21)
LARON DAVIS	616-44-1463	SON	X
KAYLYNN DAVIS	615-86-4027	DAUGHTER	X
DELORES GOMEZ	553-80-2022	PARENT	

If more than six dependents, see page 21.

No. of children on 6c who
- lived with you: 2
- did not live with you due to divorce or separation (see page 22):

Dependents on 6c not entered above: 1

d Total number of exemptions claimed. Add numbers on lines above ▶ 4

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 24.

Enclose, but do not attach, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	30,740.
8a	**Taxable** interest. Attach Schedule 1 if required.	8a	
b	**Tax-exempt** interest. **Do not** include on line 8a. 8b		
9a	Ordinary dividends. Attach Schedule 1 if required.	9a	
b	Qualified dividends (see page 25). 9b		
10	Capital gain distributions (see page 25).	10	
11a	IRA distributions. 11a — 11b Taxable amount (see page 25).	11b	
12a	Pensions and annuities. 12a — 12b Taxable amount (see page 26).	12b	
13	Unemployment compensation, Alaska Permanent Fund dividends, and jury duty pay.	13	
14a	Social security benefits. 14a 981. — 14b Taxable amount (see page 28).	14b	491.
15	Add lines 7 through 14b (far right column). This is your **total income.** ▶	15	31,231.

Adjusted gross income

16	Penalty on early withdrawal of savings (see page 28).	16	
17	IRA deduction (see page 28).	17	
18	Student loan interest deduction (see page 31).	18	
19	Jury Duty pay you gave your employer (see page 31).	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	31,231.

KBA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 58.** Form **1040A** (2006)

COPY ONLY DO NOT FILE

Form Software Copyright 1996 - 2007 H&R Block Tax Services, Inc.

E20483

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LARON	LEE	DAVIS	12/05/1990	11/11/2007	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	MARCIA WALLACE, MOTHER 5139 LOGAN 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	▶ Glenn Ha Pryor	11/16/07

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 193065 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	11/16/2007	▶ 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 11-20-07	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.)

AT NOCD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-20-07

NO SHOW

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARTHUR LUJAN 2/28/42 12/12/07 Tue/Dec 11

in a ASH VAULT (Type of Burial Container) Funeral, date, time 2:00-6:00 CA CREMATION & BURIAL

Church, Chapel, Graveside TIME 12 pm 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 ~~2222~~ 10 Section _____ Blk/Row _____ Lot 2222 Grave 1

Grave space & Care Fund E-11325	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 AP09336A	384.12
Balance due	0

PAID NOV 20 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 Gloria Z Lujan
Signature

x GLORIA Z. LUJAN
Print Name

x 2705 Meade ave
Address

x San Diego CA 92116
City Zip Code

x 619) 584-8723
Telephone

Invoice # _____

Work Order # E 20484

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20484

Pre-need Lot for:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/10/94

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur Lujan

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 of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 2223 Grave _____ Row _____ Section _____ Division Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	995.00
Paid receipt number 44611	250.00
Balance due	745.00

Possibly 6 cremains to be buried in this lot.

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 of recorded holder of deed

Arthur R. Lujan
Signature
2705-Meade Ave
Address
San Diego, CA 92116
City Zip Code
619-584-8723
Telephone

Invoice # _____

Acct. # _____

Work Order # E 11325

PY-593 (Rev. 8-92)

E20484

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container _____

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Lujan, Arthur

Interment Date: 12-11-07 Time: 12:00 pm

Div: 10 Sect: _____ Blk/Row: _____ Lot: 2222 Grave: 1

Grave Laid out by: Herman Ferguson

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20484
14

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

10158-03

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARTHUR	R.	LUJAN	09/28/1933	11/19/2007	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	GLORIA LUJAN, WIFE 2705 MEADE AVE., SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶ [signature]	11/27/07

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	11/27/2007	▶ 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
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 12/12/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY,601-D CRANE ST.,LAKE ELSINORE,CA 92530	12B. DATE CREMATED 11/28/07	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.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9e (REV.12/94)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/23/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen D. Pharr 231256

in a Liner (Type of Burial Container) Funeral, date, time Nov 26, 2007

Church, Chapel, Graveside 1pm : Anderson Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 33 Grave 11

Grave space & Care Fund	D-3694	~~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	AP09033 / APR55832 / AP071789	-500 — / -510.—
Balance due		84.93

MOUNT HOPE CEMETERY NOV 23 2007 PAID

visa cards

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.

231255

I hereby authorize the interment in lot I hold under deed.

Signature _____

Lamont Mealing
Print Name

5145 Coban St
Address

San Diego 92114
City Zip Code

619 316 2338
Telephone

Invoice # _____

Work Order # E 20485

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20485

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

			SARO & RONDOS	FELIX ROMERO		
			X	McCUNE		

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Helen D. Pharr

Interment Date: Mon 26 Time: 11:00 am

Div: 11 Sect: 1 Blk/Row: ____ Lot: 33 Grave: 10

Grave Laid out by: KEN & JOSH

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: JOSH Date _____

Cremains were placed at: _____ of grave

E20495

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	DUNN	PHARR	12/16/1909	11/14/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	LAMONT MEALING, NEPHEW 5145 COBAN 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 filing permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Glenn Kaplan	11/27/07

ACKNOWLEDGEMENT OF APPLICANT – I hereby acknowledge as applicant that the proposed stated herein is or of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	11/27/2007	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 11-27-07	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

N.R.

Date 11/23/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel Mae Root 231260

in a DD(B) (Type of Burial Container) Funeral, date, time Fri, Nov. 30

Church, Chapel, Graveside Ericson/Anderson Mortuary AYP

Doug 466-3297 2:30

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 100F Section _____ Blk/Row 19 Lot 46 Grave 5 (B)

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	85.00
Total Due	793.00
Paid receipt number R-00535	793.00
Balance due	0

PAID
NOV 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.

Connie Braddy
Signature

Connie Braddy
Print Name

4065 Rosarita Dr.
Address

La Mesa 91941
City Zip Code

(619) 469-7008
Telephone

Invoice # _____

Work Order # E 20486

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20486

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Mark Root

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container DDB' 1

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Ethel Root

Interment Date: _____ Time: AYD

Div: IOOF Sect: _____ Blk/Row: 19 Lot: 46 Grave: 5 (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 at: _____ of grave

E20486
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
ETHEL	MAE	ROOT	05/22/1915	11/21/2007	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	JANICE BEMENT, DAUGHTER 10651 OLVERA RD SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-LA MESA, 8390 ALLISON AVE. LA MESA, CA 91941	FD-296	▶ Carla Arui	11/29/2007

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	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	$11.00	11/29/2007	▶ 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 DIEGOCA 92102	11B. DATE BURIED 11/30/07	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 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 N.A.

Date 11/23/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ester F. Branch 228720

in a Liner (Type of Burial Container) Funeral, date, time Friday, Nov 30, 2007 @ 1pm

Church, Chapel, Graveside Desert Memorial Cremation/Burial Society (702) 382-1000 Mortuary.

All Funeral cars 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 4 Grave 2

Grave space & Care Fund E-19189.	Ø
Overtime/Late Arrival Fees	N/A
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	1,454.82
Paid receipt number AP 068472 Balance Due	1454.82 Ø

PAID NOV 30 2007 MOUNT HOPE CEMETERY

949-887-2811 (Bart)

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

fax 702 382-0454 Dave Walters

Invoice # _____

Work Order # E 20487 Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20457

SERVING GREATER SOUTHERN NEVADA WITH DIGNITY

Desert Memorial
Cremation & Burial Society

1111 Las Vegas Blvd. North
Las Vegas, Nevada 89101

Willie Williams
Field Representative

Office (702) 382-1000
FAX (702) 382-0154

E 20487

Desert Memorial to Bury ✓ @ Burial Friday 1pm 11/30/07

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/23/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ester F. Branch

In a Liner (Type of Burial Container) Funeral, date, time Friday, Nov 30, 2007 @ 1pm

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 4 Grave 1

Grave space & Care Fund E-19189	—
Overtime/Late Arrival Fees	N/A
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	1,454.82
Paid receipt number	
Balance due	

* I hereby certify I am the x Mona Brown of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Mona Brown (Signature)

x MONA BROWN (Print Name)
x 10672 Medicine Bow (Address)
x Las Vegas NV 89183 (City, Zip Code)
x 949 500 6383 (Telephone)

Invoice # _____

Work Order # E 20487

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Recycled paper

E20487

THE CITY OF SAN DIEGO

FAX TRANSMITTAL

Date: 16 October 2007

The following 2 total pages (including this cover page) are intended for:

To:	Kristen Anderson	From:	Maria Dovensky
Company:		Division:	Mount Hope Cemetery
FAX #	702 3820154	FAX #	(619) 527-3403
Phone #		Phone #	(619) 527-5474

SUBJECT: Ester F. Branch Interment for December ~~1, 2007~~

Comments:

Here's the Cemetery charges. Please have the family sign the interment order and fax back to us.

PLEASE disregard previous fax, it had the wrong date. Interment is Friday, November 30, 2007 @ 1:00 p.m.

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.

Mount Hope Cemetery
375 Market Street
San Diego, CA 92102

E20487

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
• 619-527-5474
4301322156665644

DATE: 11/30/07 TIME: 12:23:31
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0003
BATCH: 383
CD TYPE: VISA
TR TYPE: MP

TOTAL: $1454.82M

ACCT: **********9141 EXP: ****
AP: 068472
CUST CD: TAX: 0.00
V-CODE MATCH

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X_____
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E20487

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Ester F. Branch

Interment Date: Friday Nov. 30th Time: 1:00pm

Div: 11 Sect: 1 Blk/Row: ____ Lot: 4 Grave: X2

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: _____ of grave

E20487

RE-FILE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	FELIAS	BRANCH	06/12/1951	11/20/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LAS VEGAS	NEVADA	MONA BRANCH, SISTER 10672 MEDICINE BOW ST, LAS VEGAS, NV 89183

7A. TYPED 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
INLAND MEMORIAL 6886 MAGNOLIA AVE, RIVERSIDE, CA 92506	FD 1678	▶ [illegible]	11/26/2007

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16365 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	11/27/2007	▶ 2701759

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH 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, P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 11/30/07	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 CREMA ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lenora Richards 216453

in a T.S. vault (Type of Burial Container) Funeral, date, time Thurs. Nov. 29 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 11 Section 2 Blk/Row _____ Lot 125 Grave 2

Grave space & Care Fund ..... E-11521 <5-13-1994> Ø

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... E-11521 <5-24-1995> Ø

Burial Container ..... " Ø

Handling Fees ..... " Ø

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... " Ø

Sales taxes ..... " Ø

Total Due ..... Ø

Paid receipt number Paid in full —

See attached Balance due Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name See attached

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20488

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20488

101

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LENORA	-	RICHARDS	09/06/1906	11/25/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	IRETHA CARTER, DAUGHTER 305 GLORIA STREET SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT (person taking permit)	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Siennika Pryor	11/29/07

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
ALTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	11/29/2007	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 11-29-07	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.)

E20488

PRE-NEED
LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-13-94

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LENORA Richards

in a Vault (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

War time veteran

Lot 125 Grave 2 Row Section 2 Division/Block 11

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250 00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	1667.50
Paid receipt number 44956	400.00
Balance due	1267.50

Paid in full 5-24-95 V.S. Vault

I hereby certify I am the x Lenora Richards of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Lenora Richards
Signature

x 305 Maria st
Address

x San Diego Calif 92113
City Zip Code

x 263.4775
Telephone

Invoice # 2

Acct. #

Work Order # E 11521

PY-593 (Rev. 8-92)

E20488

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container T.S. Vault

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Lenora Richards

Interment Date: 11/29/07 Thursday Time: 1:00 Chapel

Div: 11 Sect: 2 Blk/Row: ____ Lot: 125 Grave: 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 at: _____ of grave

AT NEGD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-26-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of TAYLOR, WILLIE MAE 231263

in a LINER Funeral, date, time FRI NOV 30 1:00
Type of Burial Container

Church, Chapel Graveside : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 2 Section 2 Blk/Row 16 Lot 1 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
TRION VASE $65.71 Flower vases - Marker setting fee Foundation/Border $275.20	340.91
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.98
Total Due	3699.34
TO BY ANDERSON-RAGSDALE Paid receipt number CHK #156.10 R60545	3699.34
Balance due	0

PAID
NOV 28 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.

231261

I hereby authorize the interment in lot I hold under deed.

* Willie L. Taylor
Signature

* WILLIE L. TAYLOR
Print Name

* 4038 OLYMPIC ST.
Address

* SAN DIEGO 92115
City Zip Code

* 619-347-2790
Telephone

Invoice # _____

Work Order # E 20489

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20489

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ∅

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Linier

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Willie M. Taylor

Interment Date: 11/30/07 Time: 1:00

Div: 2 Sect: 2 Blk/Row: 16 Lot: 1 Grave: 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 at: _____ of grave

E20489

CALIFORNIA
DRIVER LICENSE
E0379564
CLASS:C
WILLIE MAE TAYLOR
4814 LOGAN AVE APT 203
SAN DIEGO CA 92113
SEX:F
HAIR:BLK
HT:5-08
WT:187
DOB:12-28-21
RSTR: CORR LENS
03/15/2004 613 31 F0/88

E20489

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLIE	MAE	TAYLOR	12/28/1921	11/23/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	WILLIE L. TAYLOR, SON 4038 OLYMPIC STREET SAN DIEGIO, 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 – Declaring permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sherrille Pryor	11/28/07

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	11/28/2007	▶ 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: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 11/30/2007	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Michael J. [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

12 Chairs

Date 11/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hazel Evans 231302 10:00

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Friday Nov. 30, 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 246 Grave 10

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	
Recording/Filing/Transfer Fees 2 @ 65.00	130.-
Sales taxes	41.77
Total Due	$4,494.77
Paid receipt number #15608 R60546	4494.77
Balance due	Ø

PAID NOV 28 2007 MOUNT HOPE CEMETERY

MORT 2 Pay

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. 231292

I hereby authorize the interment in lot I hold under deed.

X Arthur Evans
Signature

X Arthur W Evans
Print Name

X 6461 Duluth Ave
Address

X San Diego, CA 92114
City Zip Code

T 619-255-3973 Home
Telephone

Cell 619-756-3585

Invoice # _____

Work Order # E 20490

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20190

MOUNT 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"

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Hazel Evans

Interment Date: 11/30/07 Time: 10:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 246 Grave: 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 at: _____ of grave

E20490

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

LD

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HAZEL	RUTH	EVANS	11/02/1947	11/24/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ARTHUR EVANS, HUSBAND 6461 DULUTH 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 Making Arrangements	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Glenn Ka Pryor	11/28/07

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	11/28/2007	▶ 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 11/30/2007	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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

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NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

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MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 11/27/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alberta Wells 2312.58 10:00

in a Liner (Type of Burial Container) Funeral, date, time Thursday Nov. 29

Church Chapel Graveside _____ Anderson-Ragsdale 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 7 Section 14 Blk/Row _____ Lot 0 Grave 3

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number Anderson-Ragsdale #157609 R60593	3358.93
Balance due	0

PAID NOV 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.

2158 68

I hereby authorize the interment in lot I hold under need.

Signature

H.W. RAGSDALE, III
Print Name

5050 FEDERAL BLVD.
Address

SAN DIEGO 92102
City Zip Code

619 263.3141
Telephone

Invoice # _____

Work Order # E 20491

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20491

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Alberta Wells

Interment Date: 11/29/07 Time: 10:00 Chapel

Div: 7 Sect: 14 Blk/Row: ____ Lot: 0 Grave: 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 at: _____ of grave

E20491

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 86

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALBERTA	MARY	WELLS	09/03/1921	11/20/2007	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	PAUL WELLS, HUSBAND 5505 SAN MATEO DRIVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person using permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sienna Prior	11/28/07

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	11/28/2007	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 11-29-07	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

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MT. HOPE CEMETERY

INTERMENT ORDER

In grave with mother Hood, Evelyn Valetta

City of San Diego

Date November 27, 2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Benjamin Hood 231291 @11am

in a ash-vault (Type of Burial Container) Funeral, date, time Tues. Dec 4, 2007

Church, Chapel, Graveside : San Diego Mem. Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row _____ Lot 76 Grave 5

Grave space & Care Fund	E-14198
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	Ø

PAID

NOV 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.

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 20492

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E2049R

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Hood, Evelyn Valetta

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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: Benjamin Hood

Interment Date: Dec 4, 2007 Time: 11:00 Am

Div: 12 Sect: 2 Blk/Row: ____ Lot: 76 Grave: 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 at: _____ of grave

E20492

Nov 29 07 05:04p Roney G. Hood MD 619-461-0894 p.1

NOV-27-2007 04:48P FROM:WMS SD MEMORIAL CHAP 6196922896 TO:4610894 P.2

MT. HOPE CEMETERY

INTERMENT ORDER

In grave with mother City of San Diego

Hood, Evelyn Valetta

Date November 27, 2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Benjamin Hood

in a ash-vault (Type of Burial Container) Funeral, date, time Tues. Dec 4, 2007

Church, Chapel, Graveside San Diego Man. Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 76 Grave 5

Grave space & Care Fund E-14198	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	

Brother [signature] Benjamin Hood

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 to lot I hold under deed.

X [signature]

X Rodney G. Hood (Print name)

X 4876 Taliec Dr. (Address)

X La Mesa, CA 91941 (City, Zip Code)

X 619 692-7819 (Telephone)

Invoice # _____

Work Order # E 20492

Acct. # _____

RSA-104 (3-04)

This information is available in alternative formats upon request.

E20492

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
BENJAMIN	FRANKLIN	HOOD JR.	04/11/1935	11/12/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ATTLEBORO	BRISTOL	REGINALD HOOD BR73 WILSON AVE, SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE, SAN DIEGO, CA 92104	FD-1575	▶	11/27/2007

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
11/27/2007 11.00	11/27/2007 C. SHIELDS	▶2701769

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY 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

Date 11/27/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise Littleton 231274

in a Liner (Type of Burial Container) Funeral, date, time Wed. Dec. 5, 2007 @ 11am

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 93 Grave 9

Grave space & Care Fund	1132. – ~~1,679.46~~
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.46
Total Due	1,679.46
Paid receipt number # 339432017 R-60546	1,679.46
Balance due	Ø

PAID
NOV 28 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.

Regina L Kinney (Signature)

Regina Kinney 231273 (Print Name)

30396 Avenida Caylee (Address)

Homeland CA 92548 (City, Zip Code)

(951) 926-0438 (Telephone)

Invoice # _____

Work Order # E 20493

Acct. # _____

REA-104 (3-04) *This information is available in alternative formats upon request.*

© Printed on recycled paper

LOW INCOME

E20493

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Louise Littleton

Interment Date: 12-5-07 Time: 11 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 93 Grave: 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 at: _____ of grave

E20493

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: Louise Littleton

Address: 353 Lausanne Dr

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) $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.

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.

Regina L Kennedy — Signature
Daughter — Relationship
11-27-07 — 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

David Lugo — Approved by
11/27/07 — Date

Current SSA Documents verified on: SAME

Approved By David Lugo

Date 11/27/07

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

E20493

Social Security Administration
Supplemental Security Income
Notice of Planned Action

Date: August 7, 2007
Claim Number: 564-60-1053 DI

00006396 02 MB 0.485 435 0731,M10,023 006396

LOUISE LITTLETON
353 LAUSANNE DR
SAN DEIGO CA 92114-4610

Type of Eligibility:
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 pages of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. It also shows how we decided how much of your income affects your payment amount. We include explanations only for months where payment amounts change.

Your Payments Will Be Changed As Follows:

From	Through	Amount Due Each Month
August 1, 2007	Continuing	$0.00

We will stop your payments as shown above beginning September 2007.

Your SSI Is Based On These Facts

- Based on the facts we have, you entered a medical facility in July 2007. Our records show that you will be in this facility for each full month August 2007 on. Usually, SSI payments are reduced for each month that:
  - You are a patient in a hospital or other medical facility for a full month; and
  - Medicaid pays for or would usually pay for more than half the cost of your care.

See Next Page

E 20493

HOW WE FIGURED YOUR PAYMENT FOR August 2007

Your Payment Amount

The most Federal SSI money the law allows us to pay	$ 30.00
Minus (-) "Total income we count" (see below)	-447.00
Federal SSI money (no Federal payment due because of too much income)	$ 0.00
The most State SSI money the law allows us to pay	$ 20.00
Minus (-) remainder of income from State SSI money ($447.00 minus (-) $30.00 = $417.00)	-417.00
State SSI money (no State payment due because of too much income)	$ 0.00
Total SSI Payment for August 2007	$ 0.00

Your Income Other Than Your SSI

Income you receive in June 2007 affects your payment for August 2007

Social Security benefits	$467.00
By law we don't count $20.00 of above income	- 20.00
Total income we count	$447.00

E20493

64

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOUISE	-	LITTLETON	07/02/1943	11/27/2007	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	REGINA KINNEY, DAUGHTER 30396 AVENIDA CAYLEE HOMELAND, CA 92548

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	12/3/07

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	11/30/2007	▶ 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 12-5-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Meriza	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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 November 28, 2007

231287

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Winston & Dorothy Martin

in a D.D. CRYPT A (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 249 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	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number ck # 4326 P-01055	779.00
Balance due	3,117.77

X I hereby certify I am the spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231286

I hereby authorize the interment in lot I hold under deed.

X Dorothy L Martin (Signature)

X Mrs. Dorothy Martin (Print Name)

X 5948 Tooley (Address)

X San Diego Ca 92114 (City, Zip Code)

X (619) 264-3520 (Telephone)

Work Order # E 20494

Invoice # _____

Acct. # _____

REA-104 (3-04) *This information is available in alternative formats upon request.*

12/19/07 Mailed coupons

E 20494

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01055

Date: November 28, 20 07

From: Dorothy Martin Address: 5948 Tooley Street
San Diego, CA 92114 Dollars ($ 779.00)

in Partial Payment of Lot + Trust / Double Depth

Div 12 Sec 2 Blk/Row ____ Lot 249 Grave 5

Invoice No. E-20494

Acct. No. ____

W.O. ____

x BALANCE DUE $3,117.77

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check #4326

AC-212 (11-05)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

NOV 28 2007

ISSUED BY Helen E. Warhol

CREDIT	67007	2,264	00 TRU
20% Sales Care	77184	533	00 779.
Pre-Need	63033	539	00
Trust	77186	454	00
		65	00
		41	77
TOTAL PAID	$	3,896	77
		779.00	

delete

PRENEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-28-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MATTIE FAYE FORT 231473

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 188 Grave 2

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3536.93
Paid receipt number #15611	3536.93
Balance due	0

PAID NOV 28 2007 MOUNT HOPE CEMETERY

MORT PAY

R60452

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.

215868

I hereby authorize the interment in lot I hold under deed.

Signature [signature]

SKIPPER

H.W. RAGSDALE, III
Print Name

5050 FEDERAL BLVD.
Address

SAN DIEGO, CA 92102
City Zip Code

619 263-3141
Telephone

Invoice # _____

Work Order # E 20495

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20495

MATTIE FAYE FORT
2828 MEADOWLOCK DR
SAN DIEGO, CA 92123-2710

7009

Date 11-7-07

16-66/1220
50

Pay to the Order of ANDERSON-RAGSDALE MORTURY $ 5,000.00

five thousand & 00 Dollars

Bank of America

San Diego Main
450 B St Ste 100
San Diego CA
858.452.8400

Customer Since 1975

For PRENEED FOR: MATTIE F. FORT

Mattie Faye Fort

⑆122000066⑆ 7009⑈00504⑈ 1742⑈

$ 3358.93

$ 178.00

$ 3536.93

At need

N.R.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/28/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia M. Davis 229654 1:00

in a Liner (Type of Burial Container) Funeral, date, time Tuesday Dec 4th

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 90 Grave 9

Grave space & Care Fund E-19455 <11-03-05> 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 See attached
Print Name

X
Address

X
City Zip Code

X
Telephone

Invoice # ✓

Work Order # E 20496

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need Lot & Trust E20496

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/02/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia M. Davis #2296054

in a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 90 Grave 9

Grave space & Care Fund	$2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	$ 3358.93
Paid receipt number	M/C R-59376 3358.93
Balance due	0

PAID

NOV 03 2005

MOUNT HOPE CEMETERY

I hereby certify I am the same person of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin #2296054

I hereby authorize the interment in lot I hold under deed.

Julia M. Davis
Signature

Julia M. Davis
Print Name

1631 Bayview Heights Dr. #B
Address

San Diego, CA 92105
City Zip Code

(619) 262-2975
Telephone

DAVIDLUGO

Work Order # E-19455

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20496

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Julia M. Davis

Interment Date: Dec 4th Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 90 Grave: 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 at: _____ of grave

E 20496

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

70

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JULIA	MARIE	DAVIS	06/10/1937	11/27/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	DONALD DAVIS, SON 3233 SHEFFIELD AVENUE OAKLAND, CA 94602

7A. 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	Glenn Kaplan	11/30/07

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		11.00	11/30/2007	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 12-4-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Florence 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.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

No set up

Date 11/28/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dolores Osborn ~~&~~ 23/266

in a Ash Vault (Type of Burial Container) Funeral, date, time Friday Nov 30 9:30

Church, Chapel, Graveside Witness Telephase Mortuary 619-299-0805

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division MAS Section P Blk/Row W Lot 37 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 MC	384.12
Paid receipt number AP042207	384.12
Balance due	0

PAID
NOV 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.

I hereby authorize the interment in lot I hold under deed.

X Don McCall
Signature

X Donna McCall
Print Name

X PO Box 291
Address

X Descanso Ca. 91916
City Zip Code

619-445-3062
Telephone

Paulette

Work Order # E 20497

Invoice # _____

Acct. # _____ ✓

REA-184 (3-04)

This information is available in alternative formats upon request.

Donna McCall

© Printed on recycled paper

E20497

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Margaret Hansen ⊗ / Leo B Hansen ⊗

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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: Dolores Osborn ⊗

Interment Date: 11/30/07 Time: 9:30

Div: MAS Sect: P Blk/Row: — Lot: 37 Grave: 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 at: MIDDLE of grave

E20497

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER: 3200737017052

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): DOLORES
2. MIDDLE: VIOLA
3. LAST (Family): OSBORN
4. AKA (ALSO KNOWN AS — Include NA AKA IF FIRST, MIDDLE, LAST)
5. DATE OF BIRTH (mm/dd/yyyy): 03/22/1926
6. AGE (Yrs): 81
7. IF UNDER ONE YEAR: Months / Days
8. IF UNDER 24 HOURS: Hours / Minutes
9. SEX: F
10. BIRTH STATE/FOREIGN COUNTRY: MO
11. SOCIAL SECURITY NUMBER: 548-32-3062
12. EVER IN U.S. ARMED FORCES? YES [X] NO UNK
13. MARITAL STATUS (at Time of Death): DIVORCED
14. DATE OF DEATH (mm/dd/yyyy): 11/14/2007
15. HOUR (24 Hours): 0155
16. EDUCATION — Highest Level/Degree (Last completed in school): HS GRADUATE
17. WAS DECEDENT HISPANIC/LATINO/A/(SPANISH)? YES [X] NO
18. DECEDENT'S RACE — Up to 3 races may be listed (see instruction on back): CAUCASIAN
19. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: SECRETARY
20. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.): INSURANCE INDUSTRY
21. YEARS IN OCCUPATION: 25

USUAL RESIDENCE

22. DECEDENT'S RESIDENCE (Street and number or location): 5308 MONROE AVE #123
23. CITY: SAN DIEGO
24. COUNTY/PROVINCE: SAN DIEGO
25. ZIP CODE: 92115
26. YEARS IN COUNTY: 73
27. STATE/FOREIGN COUNTRY: CA

INFORMANT

28. INFORMANT'S NAME, RELATIONSHIP: DONNA MCCALL, DAUGHTER
29. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): PO BOX 291, DESCANSO, CA 91916

SPOUSE AND PARENT INFORMATION

30. NAME OF SURVIVING SPOUSE — FIRST: -
31. MIDDLE: -
32. LAST (Married Name): -
33. NAME OF FATHER — FIRST: ALVIE
34. MIDDLE: GRAUL
35. LAST: FERGUSON
36. BIRTH STATE: MO
37. NAME OF MOTHER — FIRST: MARGARET
38. MIDDLE: AMELIA
39. LAST (Maiden): BARANY
40. BIRTH STATE: HUNGARY

FUNERAL DIRECTOR/ LOCAL REGISTRAR

41. DISPOSITION DATE (mm/dd/yyyy): 11/19/2007
42. PLACE OF FINAL DISPOSITION: MOUNT HOPE CEMETERY, SAN DIEGO, CA 92102
43. TYPE OF DISPOSITION(S): CR/BU
44. SIGNATURE OF EMBALMER: NOT EMBALMED
45. LICENSE NUMBER: -
46. NAME OF FUNERAL ESTABLISHMENT: TELOPHASE CREMATION SOCIETY-SD
47. LICENSE NUMBER: FD-1272
48. SIGNATURE OF LOCAL REGISTRAR: WILMA WOOTEN, MD
49. DATE (mm/dd/yyyy): 11/19/2007

PLACE OF DEATH

100. PLACE OF DEATH: GROSSMONT HOSPITAL - SHARP
101. IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/DOA [ ] OP [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
102. COUNTY: SAN DIEGO
103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 5555 GROSSMONT CENTER DR
104. CITY: LA MESA

CAUSE OF DEATH

K91.5 Y83 K56 75

105. CAUSE OF DEATH. Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (a) COMPLETE SMALL BOWEL OBSTRUCTION — Interval between Onset and Death: 0YS

Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

(b) SMALL BOWEL ADHESIONS, CHRONIC — MOS

(c) RESULTING FROM HISTORY OF MULTIPLE ABDOMINAL SURGERIES — YRS

(d)

106. DEATH REPORTED TO CORONER? [X] YES [ ] NO — Coroner's Number: W/07-05888
107. BIOPSY PERFORMED? [ ] YES [X] NO
108. AUTOPSY PERFORMED? [ ] YES [X] NO
109. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 101: CORONARY ARTERY DISEASE, PERIPHERAL ARTERIAL ATHEROSCLEROSIS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE

111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 101 OR 110? (If yes, enter date if operation known): EXPLORATORY LAPAROTOMY WITH LYSIS OF ADHESIONS 11/05/2007
112. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [X] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

113. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED. Decedent Attended Since: / Decedent Last Seen Alive:
114. SIGNATURE AND TITLE OF CERTIFIER: LEE HYLAND REMINGTON-BOONE M.D.
115. LICENSE NUMBER: A77690
116. DATE (mm/dd/yyyy): 11/16/2007
117. (a) (mm/dd/yyyy): 11/28/2006
(b) (mm/dd/yyyy): 11/14/2007
118. TYPE AND ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: LEE HYLAND REMINGTON-BOONE M.D., 5525 GROSSMONT CENTER DR SUITE 200, LA MESA, CA 91942

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FOR THE CAUSES STATED. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121. INJURY DATE (mm/dd/yyyy)
122. HOUR (24 Hours)
123. PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)
124. DESCRIBE HOW INJURY OCCURRED (Describe activity which resulted in injury)
125. LOCATION OF INJURY (Street and number or location, and city, and ZIP)
126. SIGNATURE OF CORONER / DEPUTY CORONER
127. DATE (mm/dd/yyyy)
128. TYPE NAME, TITLE OF CORONER - DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH. #	CENSUS TRACT
						012007000652838		

A01830335

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: November 21, 2007

Wilma J. Wooten M.D.

WILMA J. WOOTEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

E20497

81

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DOLORES	VIOLA	OSBORN	03/22/1926	11/14/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	DONNA MCCALL, DAUGHTER PO BOX 291 DESCANSO, CA 91916

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
TELOPHASE CREMATION SOCIETY-SD, 7851 MISSION CENTER CT #104 SAN DIEGO, CA 92108	FD-1272

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.	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
		Jarral Hansa	11/19/2007

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
		11.00	11/19/2007	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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 11/30/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC., 14065 HWY 8 BUSINESS EL CAJON, CA 92021	12B. DATE CREMATED 11/26/07	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 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 11-30-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MAZE, PATRICK THOMAS 231272

in a LINER (Type of Burial Container) Funeral, date, time Weds Dec 5 2:00

Church, Chapel, Graveside Conrad Mortuary Donna

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row _____ Lot ~~230~~ 232 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	3358.93
Paid receipt number 100537 #030840	3358.93
Balance due	0

PAID NOV 30 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.

231271

I hereby authorize the interment in lot I hold under deed.

Signature

Hobart M MAZE
Print Name

253 10th Ave #828
Address

SAN DIEGO CA 92101
City Zip Code

619-269-4292
Telephone

Invoice # _____

Work Order # E 20498

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20498

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Patrick - Maze

Interment Date: Weds Dec 5 Time: 200 G.S. PC

Div: 12 Sect: 2 Blk/Row: ____ Lot: ~~230~~ 232 Grave: ____

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: _____ of grave

E20498

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
PATRICK	THOMAS	MAZE	02/26/1959	11/29/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	HOBART M. MAZE, BROTHER 253 10TH AVENUE #828 SAN DIEGO, CA 92101

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit.	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY LEMON GROVE, CA 91945-1533	FD 941	▶ [signature]	12/04/2007

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	12/04/2007	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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12/5/07	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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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

231276

Date 11-30-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BERDENA HINES WED 12-5 1:00PM

in a LINGR (Type of Burial Container) Funeral, date, time ANDERSON-RAGSDALE

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 240 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	3358.93
Paid receipt number R-60559	3358.93
Balance due	0

PAID DEC - 3 2007 MOUNT HOPE

KEVIN WEAVER MORTUARY WILL 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.

231275

I hereby authorize the interment in lot I hold under deed.

Signature: Kristi L Baker

Print Name: Kristi L Baker

Address: 217 Cacus St

City: Spring Valley CA Zip Code: 91977

Telephone: 619-823 1743

Invoice # _____

Work Order # E 20499

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20499

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH X

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container LINGR

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Berdena Hines

Interment Date: 12/5/07 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 240 Grave: 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 at: _____ of grave

E20499

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BERDENA	MAE	HINES	11/08/1935	11/28/2007	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	KRISTI BAKER, DAUGHTER 8217 CACUS 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	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Siennika Pryor	11/29/07

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	11/29/2007	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 12/5/07	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

COPY 2 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9e (REV.12/0

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)