8 CHAIRS

AT ~~PER~~ - need POSSIBLE FLY-OVER

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/03/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert W. Adams 231304

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time 12-19-07 WED 10:00

Church, Chapel, Graveside ; FEATHERING ILL Mortuary.

All Funeral cars 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 2756 Grave 1

Grave space & Care Fund	E-9550 <7-9-91>	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		533.00
Burial Container	PAID	—
Handling Fees		—
Flower vases – Marker setting fee	DEC 17 2007	—
Recording/Filing/Transfer Fees		65.00
Sales taxes	MOUNT HOPE CEMETERY	—
	Total Due	598.00
	Paid receipt number AP04679A	598.00
	R60586 Balance due	0

MAX SCRIVINS ARMY

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 Beverly King 231303

Address 1669 Fox grove Ct

City Upland, CA Zip Code 91784

Telephone (909) 466-9097

Invoice # _____

Work Order # E 20500

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request. ✓

Richard Eck 444-9040 son in law

Printed on recycled paper

E20500

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-9-91

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

in a Dbl-CRYPT (Vault/Liner) Funeral, date, time Fri, 7/12 10:00 A.M.

Church, Chapel, Graveside Graveside only ; Paris-Frederick (Les) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 2756 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	23.10
Total Due	2063.10
Paid receipt number # 40970	2063.10
Balance due	Ø

16 Chairs for set up.

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

Robert W. Adams
Signature

7339 - 60th St
Address

San Diego
State

Calif
Zip Code

Telephone
532-7728

Invoice # _____

Acct. # _____

Work Order # E 9550

PY-593 (REV. 8-85)

E 20500

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
ROBERT	WILLIAM	ADAMS	08/14/1915	12/14/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BEVERLY E. KING, DAUGHTER 1669 FOXGROVE CT. UPLAND, CA 91784

7A. TYPED NAME AND ADDRESS OF 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. Doring	12/18/2007

8A. ACKNOWLEDGEMENT OF APPLICANT – I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	12/18/2007	▶ 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 12-19-07	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 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 12/03/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maurice Hocini 231281

in a Slab (Type of Burial Container) Funeral, date, time Weds Dec. 5th 1:00 pm

Church, Chapel, Graveside ; Preferred Mortuary

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

will be applied and billed to undersigned. _____

Division Muslim Section _____ Blk/Row _____ Lot 167 Grave 1

Grave space & Care Fund E-18135 — 0

Overtime/Late Arrival Fees — —

Opening/Closing & Setup P-00690 — —

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 See attached
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

X _____
Signature

N.R.

Invoice # _____

Work Order # E 20501

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20501

619

Paid Pre-need Lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/14/03

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

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 165, 166, 167 Grave _____ Row _____ Section Muslim Division/Block _____

Grave space & Care Fund	3 Lots @ 605.00 each 1815.00
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	
Paid receipt number R-56901	1815.00
Balance due	Ø

PAID

NOV 14 2003

MOUNT HOPE CEMETERY

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

HAMED IZAKO

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

Invoice # _____

Work Order # E 18135

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

E20501

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

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Maurice Hocini

Interment Date: 12/5/07 Time: ?

Div: Mus Sect: _____ Blk/Row: ____ Lot: 167 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

E20501

53

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MAURICE	-	HOCINI	06/25/1954	12/02/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MURRIETA	RIVERSIDE	EMMA HOCINI, WIFE 42990 JOSHUA TREE COURT MURRIETA, CA 92562

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746		12/04/2007

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	12/04/2007	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12-5-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

City of San Diego

Date 12-3-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GRIFFITH, NORMA 231270

in a DD "A" (Type of Burial Container) Funeral, date, time 12-5 WED 10:00 SVC

Church, Chapel, Graveside ARRIVE 11:00, 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 229 Grave 4

Grave space & Care Fund	3011.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.00
Burial Container	717.00
Handling Fees	604.00
~~Flower vases - Marker setting fee~~ NO WO BURIAL	793.00
Recording/Filing/Transfer Fees	85.00
Sales taxes	55.57
Total Due	5973.57
ANDERSON RAGSDALE CHK 15643 Paid receipt number 60560	5973.57
Balance due	0

PAID DEC - 3 2007

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.

231269

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

x [signature]
Signature

x Khalfani Williams
Print Name

x PO Box 657
Address

x Imperial Beach 91933
City Zip Code

x 619 750-2006
Telephone

MORTUARY WILL PAY

N.R.

Invoice # _____

Work Order # E 20502

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request. ✓

Printed on recycled paper

E20502

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			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Norma Griffith

Interment Date: 12/5/07 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 229 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

E20502

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NORMA	ALBERTHA	GRIFFITH	12/10/1927	11/30/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	MURPHY E. GRIFFITH, HUSBAND 13533 SILVER LAKE DRIVE POWAY, CA 92064

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Siennilla Ryan	12/5/07

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	12/05/2007	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 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 — V39e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/03/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Linda A. Dyer 231285

in a Liner (Type of Burial Container) Funeral, date, time Mon. Dec 10th 11:00

Church, Chapel, Graveside CA BURIAL Mortuary. fax 286 2674

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

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row 230 Grave 8

PAID

DEC 6 2007

MOUNT HOPE CEMETERY

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	3358.93
Paid receipt number AP081616	2072.00
R-60569 Balance due	1286.93
	1286.93

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

I hereby authorize the interment in lot I hold under deed

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Invoice # _____

Work Order # E 20503

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20503

Check
Credit card
or
Cashiers CHK

Need

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 12/03/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Linda A. Dyer Funeral, date, time Mon. Dec 10th 11:00 in a Liner (Type of Burial Container) CA BURIAL Mortuary. Church, Chapel, Graveside FAX 2860 2674

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

Division 12 Section 2 Blk/Row _____ Lot 230 Grave 8

Grave space & Care Fund	2,264.—
Overtime/Late Arrival Fees	533.—
Opening/Closing & Setup	270.—
Burial Container	206.—
Handling Fees	
Flower vases – Marker setting fee	65.—
Recording/Filing/Transfer Fees	20 93
Sales taxes	
Total Due	3,358.93

Paid receipt number _____

Balance due _____

I hereby certify I am the 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 Alice M. Bride
Signature

X Alice McBride
First Name
X 5128 Logan Ave.
Address
X San Diego, CA 92114
City Zip Code
X 619-263-7980
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20503

This information is available in alternative formats upon request.

REA-104 (3-04)

© Copyright 2007

E20503

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: Linda A. Dyer

Interment Date: 12/10 Mon. Time: 11:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 230 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

E20503

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 09-17-11 N4196217 CLASS:C

LINDA ANN DYER
5128 LOGAN AVE
SAN DIEGO CA 92114

SEX:F HAIR:BLK
HT:5-09 WT:170 DOB:09-17-49

11/13/2007 613 A2 FD/11

E20503

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

58

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LINDA	ANN	DYER	09/17/1949	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
N DIEGO	SAN DIEGO	ALICE MCBRIDE, MOTHER 231284 5128 LOGAN AVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	12/4/07

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 – AUTHORIZATION OF LOCAL REGISTRAR – ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	12/04/2007	▶ WILMA WOOTEN, MD

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

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
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 12/7/07	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

Pre-Need to at Need

Date 12/03/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Arther Felton 231306

In a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time Friday 21 Dec. 1:00

Church, Chapel, Graveside _____ USS 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 1 Blk/Row w Lot 145 Grave 3

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 P-01059	800.00
R-60587 Balance due	3096.77
	3096.77

PAID
DEC 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.

231305

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

x Jenice Hathaway
Signature

x Jenice Hathaway
Print Name

x 30197 Beeswing Circle
Address

x Menifee CA 92584
City Zip Code

x 951 679-7544
Telephone

Invoice # _____

Work Order # E 20504

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Florea Felton
4943 Bunnell St.
San Diego Ca 92113
619 262-7419

E20504

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 DDA

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Arther Felton

Interment Date: 1 Time: 1:00 Church

Div: 11 Sect: 1 Blk/Row: ~ Lot: 145 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

E20504

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	WILLIAM	FELTON JR.	07/17/1930	12/17/2007	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	JANICE HATHAWAY, NIECE 30197 BEESWING CIRCLE MENIFEE, CA 92584

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575	▶ [signature]	12/19/2007

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	12/19/2007	▶ 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 12/21/07	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

At Need
NO - CHARS

City of San Diego

Date 12/4/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosalie Winston ⊗ 230088

In a ASH VAULT (Type of Burial Container) Funeral, date, time 12/07/07 Friday

Church, Chapel, Graveside Witness CABURIAL Mortuary

All Funeral cars 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 179 Grave 1

E-15824

Grave space & Care Fund		0
Overtime/Late Arrival Fees	(7-14-2000)	
Opening/Closing & Setup	"	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	"	—
Sales taxes	"	—
Total Due		—
Paid receipt number		—
Balance due		0

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

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

619-264-0442

See E-15824

Invoice # _____

Work Order # E 20505

Acct. # _____ ✓

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20505

Pre-Need Lot + Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosalie Winston Pin# 230088

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

Church, Chapel, Graveside : CA Burial Mortuary.

All Funeral cars must arrive before 3: p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned.

Lot 179 Grave 1 Row Section 2 Division/Block 12

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	569.26
Paid receipt number R-52669	569.26
Balance due	0

PAID 7-14-00

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

208478

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

Signature of recorded holder of deed

X Barbara J. Hayes
Signature

X 1745 Brookline St.
Address

X S.D 92102
City Zip Code

X 619- 264-0442
Telephone

Invoice #

Work Order # E 15824

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

E20505

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

			X	JIMMIE THOMAS		

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Rosalie Winston Ø

Interment Date: Friday 12-7 Time: 2:45

Div: 12 Sect: 2 Blk/Row: ____ Lot: 179 Grave: 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 at: _____ of grave

E20505

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10132-03

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
ROSALIE	-	WINSTON	06/10/1912	11/18/2007	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	BARBARA HAYES, DAUGHTER 1745 BROOKLINE 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	[signature]	11/20/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	11/20/2007	WILMA WOOTEN, MD

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

10. AUTHORIZED DISPOSITION(S)

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

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Lot/Trust

Date 12/04/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mary Louise Castelum Walker

in a Topsoil 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 2 Lot 84 Grave 4

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263.00
Flower vases – Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	3,685.51
Paid receipt number B-01061	-178.00
B-01062	-3,507.51
Balance due	Ø

PAID
DEC 4 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.

281288

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

x Regina M. Leon
Signature

x REGINA M. LEON
Print Name

x 4546 52nd St #207
Address

x San Diego CA. 92115
City Zip Code

x 619-255-7522
Telephone

Pauette

Work Order # E 20506

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

AT NEED
14 CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-5-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of McCLEARY, LATICA M. 1:00

in a T.S. (Type of Burial Container) Funeral, date, time 12-14 CHAPEL SVC 100 FRI

Church, Chapel Graveside ; ~~RAGSDALE~~ Cypressview Mortuary Mosalum Robert

All Funeral cars 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 12

Grave space & Care Fund	E 15259	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	E-15259	0
Burial Container		539.-
Handling Fees		454.-
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		
Sales taxes		
Total Due		0
Paid receipt number		
Balance due		0

R51537 11/29/01

VOID

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

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

Signature

Sylvia L. Dunbar
Print Name

133 Old Oak Dr.
Address

San Diego 92114
City Zip Code

619 589 2906
Telephone

Invoice # _____

Work Order # E 20507

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At need
S.D. Res.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/6/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EDNA SPENCER 231280

in a Liner (Type of Burial Container) Funeral, date, time Weds Dec 12th 1130

Church, Chapel, Graveside Pilgrim Baptist ; Bishop Mortuary 619/466-4462

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row 2 Lot 8 Grave 7

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number R-60574	1,679.47
Balance due	Ø

PAID
DEC 11 2007
MOUNT HOPE CEMETERY

I hereby certify I am the X Guardian of above 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 Tiffany [signature]
Signature

231279
X Tiffany Cager
Print Name
X 8110 lemon Grove way #12
Address
X lemon Grove CA. 91945
City Zip Code
X 619-466-6487
Telephone

Invoice # _____

Work Order # E 20508

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

LOW INCOME

Printed on recycled paper

E20528

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: EDNA SPENCER

Interment Date: 12/12/07 Time: 11:30

Div: 11 Sect: 2 Blk/Row: — Lot: 8 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

E20508

Bishop

FROM (THU)NOV 29 2007 14:56/ST. 14:56/No. 7800

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.

15yr old

Name of Deceased: Edna Spencer

Address: 5869 Streamview Dr

City: San Diego State CA Zip Code 92105

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		Annual Income
___	(1) $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 person's 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.

Annie L Brown Sister 12/3/07

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) 527-3438

E20508

E20508

E-140 (06-07)

E20508

GEICO ONE GEICO BOULEVARD
FREDERICKSBURG, VA 22412-0001

BILL ENCLOSED

EDNA SPENCER
5869 STREAMVIEW DR APT 1
SAN DIEGO CA 92105-3952

IMPORTANT INSURANCE POLICY INFORMATION: OPEN IMMEDIATELY

253 HMCXN51 92105

E20508

005450

SSN: 509-70-6666 NAME: EDNA SPENCER DATE ISSUED: 11/30/07 PAGE 1

--- PLEASE DISREGARD THE FORM ON THE BACK OF THIS STUB - DO NOT RETURN

DETACH AND SEE REVERSE SIDE DETACH THIS STUB FOR YOUR RECORDS / DESPRENDA ESTE TALÓN PARA SU RECORD PERSONAL

KEEP THIS STATEMENT FOR YOUR RECORDS. DATE ISSUED 11/30/07

SSN: 508-70-[illegible] NAME: EDNA SPENCER CLAIM EFFECTIVE DATE: 02/23/07

WEEKLY RATE: $840.00 WEEKLY RATE IS FOR 7 DAYS

EXCEPT FOR THE MANDATORY 7-DAY WAITING PERIOD, YOU WILL BE PAID FOR EVERY DAY YOU ARE ELIGIBLE FOR BENEFITS, INCLUDING WEEKENDS.

IF YOU ARE NOT PAID FOR ANY DAYS, YOU WILL BE NOTIFIED WHAT DAYS WERE NOT PAID AND WHY THEY WERE NOT PAID IN THE MESSAGE AREA BELOW. THE OFFICE PROCESSING YOUR CLAIM IS:

EMPLOYMENT DEVELOPMENT DEPARTMENT TELEPHONE: (800) 480-5287
PO BOX 120831
SAN DIEGO CA 92112-0831

THE ATTACHED CHECK IS FOR STATE DISABILITY INSURANCE FOR THE FOLLOWING PERIOD(S): 11/09/07 THROUGH 11/28/07.

NO. OF DAYS	BENEFIT AMT.	AMT. DEDUCTED	AMT. PAID
20	$1828.57	$0.00	$1828.57

MESSAGE-AREA

IMPORTANT NOTICE: IF YOU DO NOT UNDERSTAND ANY FORM SENT TO YOU BY THIS OFFICE, CONTACT US FOR ASSISTANCE AT THE TELEPHONE NUMBER SHOWN ON THE CHECK STATEMENT.

E20508

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 45

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EDNA	-	SPENCER	02/14/1962	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	ANNIS BROWN, SISTER 1501 E 12TH STREET GLENA, KS 66739

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673	▶ Katrina Lamar	12/07/2007

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		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	12/07/2007	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 12/12/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Michel 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 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
8 Chairs

Date 12/06/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sofia Walker 22942

in a LINER (Type of Burial Container) Funeral, date, time FRI DEC 14 2PM

Church, Chapel, Graveside _____ Heatheringill Mortuary.

All Funeral cars 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 3327 Grave 1

Grave space & Care Fund E000525	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	1094.93
Paid per Receipt Number R60571	1094.93
Balance due	Ø

PAID
DEC 12 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 1 hold under deed.

Signature

DAVID WALKER
Print Name
917 Detroit Ave.
Address
Santa Rosa CA 95404
City Zip Code
707-829-1228
Telephone

Invoice # _____

Work Order # E 20509

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20509

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: John Walker

Interment Date: Dec 14th Friday Time: 2 pm

Div: 10 Sect: _____ Blk/Row: _____ Lot: 3327 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

E20509

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
SOFIA	DOLORIS	WALKER	04/29/1914	12/05/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DAVID WALKER, SON 917 DETURK AVE. SANTA ROSA, CA 95404

7A. TYPED NAME AND ADDRESS OF 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	▶ Mc Dorny	12/10/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	12/10/2007	▶ 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 MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 12-14-07	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.

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 12/6/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EARL G. Moore 231283

in a Liner (Type of Burial Container) Funeral, date, time DEC 11, 2007 TUES. 11:00

Church, Chapel, Graveside Pilgrim 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 11 Section 1 Blk/Row ~ Lot 38 Grave 11

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	20.93
Total Due	3,358.93
Paid receipt number	R-60570 3,358.93
Balance due	Ø

PAID
DEC 10 2007
MOUNT HOPE CEMETERY

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

231282

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

+ Rachel A. Moore
Signature

+ RACHEL A. MOORE
Print Name

+ 1361 Wyconda WAY
Address

+ SAN DIEGO 92113
City Zip Code

+ 619-266-3259
Telephone

MORT. 2 Pay

Invoice # _____ ✓

Work Order # E 20510

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20510

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: Earl G. Moore

Interment Date: 12/11/07 Tues. Time: 11:00

Div: 11 Sect: 1 Blk/Row: _____ Lot: 38 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

E20510

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
EARL	G	MOORE	11/19/1938	12/03/2007	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	RACHEL A MOORE, WIFE 1361 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
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	12/10/07

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

PERMIT	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	12/10/2007	▶ 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 12-11-07	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

At need
Res. fee

Date 12/7/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sabrina Johnson 231297

in a Liner (Type of Burial Container) Funeral, date, time Wednesday Dec 12 11:00

Church, Chapel, Graveside : CA Burial Mortuary.

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

will be applied and billed to undersigned _____

Division 12 Section ~~2~~ EJ 1 Blk/Row ~ Lot ~~122~~ 74 Grave ~~7~~ 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-60582	3,358.93
Balance due	Ø

PAID
DEC 12 2007
MOUNT HOPE CEMETERY

Mort. 2 Pay
Fax 2862674

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.

Enka Joh
Signature

x Enka Johnson 231296
Print Name

x
Address

x
City Zip Code

619-606-2513
Telephone

See attached

Invoice # _____

Work Order # E 20511

Acct. # _____ ✓

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20511

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: Sabrina Johnson

Interment Date: WEDS 12/1: Time: 11:00 Chapel

Div: 12 Sect: ~~2~~ 1 Blk/Row: ____ Lot: ~~12~~ 74 Grave: T 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

E20511

40

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SABRINA	GERMAIN	JOHNSON	08/20/1967	11/30/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ERICKA JOHNSON, DAUGHTER 5674 ANDROS PLACE #8 SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	[signature]	12/12/2007

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	12/12/2007	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 12-12-07	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 2 IS RETAINED BY 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
8 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date December

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Reynalda Martinez 231290

in a Liner (Type of Burial Container) Funeral, date, time Tues. Dec. 11, 2007 @ 10am

Church, Chapel, Graveside St. Jude's Anderson/Rupsche Mortuary

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

will be applied and billed to undersigned. _____

Division 5 Section 4 Blk/Row ~ Lot 33 Grave 6

Grave space & Care Fund	$ 1,264.00
Overtime/~~Late~~ Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93

PAID
DEC - 7 2007
MOUNT HOPE CEMETERY

Murtuary 2 pay

Paid receipt number R-60569

Balance due 3,358.93

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.

231289

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

x Signature

x MONICA ARREDONDO
Print Name

x 13215 CAROLEE AVE.
Address

x SAN DIEGO, CA 92129
City Zip Code

x (619) 857-0382
Telephone

Invoice # _____

Work Order # E 20512

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E20512

59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
REYNALDA	ORTIZ	MARTINEZ	01/06/1948	12/06/2007	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	MONICA ARREDONDO, DAUGHTER 13215 CAROLEE AVENUE 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 – Participating permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Wilma Wooten	12/10/07

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	12/10/2007	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 12/01/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/10/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jonathan West 231295

in a Double-Crypt "A" (Type of Burial Container) Funeral, date, time Friday Dec 14, 2007

Church, Chapel, Graveside ; CA Burial (619) 224-2747 Mortuary.

All Funeral cars 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 10

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	717.00
Handling Fees	604.00
Flower vases - Marker setting fee	178.00
Recording/Filing/Transfer Fees	55.57
Sales taxes	85.-
Total Due	5,358.57
Paid receipt number R-60578	5,358.57
Balance due	Ø

PAID
DEC 13 2007
MOUNT HOPE CEMETERY

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

231294

I hereby authorize the interment in lot I hold under deed

X Yvonne C West
Signature

X Yvonne C WEST
Print Name

X 765 Paradise We
Address

X NATL City
City

X 619-479-4498
Telephone

Work Order # E 20513

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20513

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

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Jonathan West

Interment Date: Dec 14, 2007 Time: 11:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 218 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

E20513

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JONATHAN	NATHANIEL	WEST	06/25/1942	12/10/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	YVONNE TULLE, WIFE 765 PARADISE WAY 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
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	Claudette Russ	12/12/07

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	12/12/2007	WILMA WOOTEN, MD

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

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

COMPLETE ALL APPLICABLE ITEMS

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

COPY 2 IS RETAINED BY 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.)

5 or Low
4 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

N.R.

Date Dec. 10, 2007

231293

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Satoko Sato ⊗ 1pm

in a ash vault (Type of Burial Container) Funeral, date, time Fri. Dec. 14, 2007

Church, Chapel, Graveside : Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 4964 Grave 1

Grave space & Care Fund	D3983	Ø
Overtime/Late Arrival Fees		
Opening/Closing & Setup	E 18548	Ø
Burial Container		—
Handling Fees		—
Flower vases – Marker setting fee	Foundation/Border w/ 1 mon. Teion MF AP 84256B	—
Recording/Filing/Transfer Fees	WO 6896 4-10-09	—
Sales taxes		—
Total Due		Ø
Paid receipt number		
Balance due		Ø

WO 5903 to install foundation

I hereby certify I am the Ronald T. Sato (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.

Ronald T. Sato
Signature

RONALD T. SATO
Print Name

18631 AVENUE CAPRI
Address

LUTZ, FL 33558
City Zip Code

(813) 949-5883
Telephone

Debra

Work Order # E 20514

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

SS WAKAE 426-2776 4-10-09

Printed on recycled paper

E20514

Pre Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-24-04A09 Date RCVD

226439

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenji, Sato Ko, Randall K. Sato

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 4964 Grave 1

Grave space & Care Fund	D 3983	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	116 x 3	348.00
Burial Container	61 x 3	183.00
Handling Fees	66 x 3	198.00
Flower vases – Mounting		
Recording/Filing/Transfer Fees	50 x 3	150.00
Sales taxes	4.73 x 3	14.19
Total Due		893.19
Paid receipt number	R 57707	893.19
Balance due		0

PAID

JUN 24 2004

MOUNT HOPE CEMETERY

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

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

X Kenji Sato
Print Name

X 327 Kimball Terrace
Address

X Chula Vista CA 91910
City Zip Code

X 619-420-4879
Telephone

Signature

Pan

Invoice # _____

Work Order # E 18548

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20514

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: Satoko Sato

Interment Date: Fri - 12-14-07 Time: 1:00 pm

Div: 10 Sect: _____ Blk/Row: _____ Lot: 4964 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

E20514

ACM

89796

687

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
SATOKO	THELMA	SATO	05/10/1924	12/01/2007	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	KENJI SATO, HUSBAND 327 KIMBALL TERRACE 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
EL CAMINO MEMORIAL-IMPERIAL AVE, 3953 IMPERIAL AVE SAN DIEGO, CA 92113	FD-670	▶ Lisa Castro	12/11/2007

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	12/10/2007	WILMA WOOTEN, MD ▶

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

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

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
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 12-14-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fergus		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED DEC 12 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
Non-Res

231278

Date 12/10/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Simon Paul Nona (infant)

in a O-Liner (Type of Burial Container) Funeral, date, time: Weds. Dec 12th 10:00

Church, Chapel, Graveside Preferred Mortuary.

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

Division 9 Section 1 Blk/Row _____ Lot 853 Grave 1

Grave space & Care Fund	188.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	297.00
Burial Container	133.00
Handling Fees	48.00
Flower vases - Marker setting fee R-60571 8151	85.00
Recording/Filing/Transfer Fees	
Sales taxes	10.31
Total Due	701.31
Paid receipt number R-60573	701.31
Balance due	Ø

PAID
DEC 10 2007
MOUNT HOPE CEMETERY

I hereby certify I am the IM 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.

231277

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

Signature

Print Name: Remon Nona
Address: 1028 Meadowlake Ln
City: Lakeelsinore CA Zip Code: 92530
Telephone: 951 678-8877 - 9516780730

Invoice # _____

Work Order # E 20515

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20515

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 O Liner?

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Simon Paul Nona

Interment Date: Dec 12th Time: 10:00 Graveside

Div: 9 Sect: 1 Blk/Row: ____ Lot: 853 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

FORM 61 LEGAL DESCRIPTION E20515 SAN

Lots 847 thru 858 Section 1 Division 9

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	REI
347	MEALS, Corrita T.	MEALS, Sonny	5/14/1980	40.00	5/19/1980	E-1415	
348	JACKMAN, Betheral Y.	JACKSON, Louise	1/12/1974	35.00	1/15/1974	D-3963	
349	E-16097						
350	Clark, Shalamar Nicole	Wright, Anntonia	05/26/1988	$100.	05/26/1988	E-7444	
351							
352							
353	E-20515						
354							
355							
356							
357	GALE, Tyrone Ali	GALE, Tyrone D.	3/10/1983	$75.	3/15/1983	E-3600	
358	PRESFIELD, Cassandra	MORGAN, James	1/27/1981	40.00	1/29/1981	E-2073	

E20515

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SIMON	PAUL	NONA	11/30/2007	11/30/2007	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	REMON NONA, FATHER 1028 MEADOWLAKE LANE LAKE ELSINORE, CA 92530

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ Mark Sertsin	12-11-07

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

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

12 Chairs
At Need

Date 12/10/07

231301

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Abigal Edith Chairez Gonzalez 1yr 1/2

In a OX (Type of Burial Container) Funeral, date, time Thurs Dec 13 11:00

Church, Chapel (Graveside) : AZTLAN Mortuary. OSCUR

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

Division 9 Section 2 Blk/Row _____ Lot 345 Grave 1

Grave space & Care Fund	277.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	277.00
Burial Container 46"L x 21"W x 18"H	135.00
Handling Fees	71.00
Flower vases - Marker setting fee	114.00
Recording/Filing/Transfer Fees	6.00
Sales taxes	10.46
Total Due	949.46
Paid on account R-60572	949.46
Balance due	0

MOUNT HOPE CEMETERY
DEC 10 2007
PAID

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

231300

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

X Victor M. Chairez G.
Signature

X VICTOR M. CHAIREZ FRANCO
Print Name

X 4424 47 ST
Address

X APTO #5 SAN DIEGO
City, Zip Code

X 619-8671344 - 92115
Telephone

Invoice # _____

Work Order # E 20516

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20516

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 OX

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Abigail Edith Chairez Gonzalez

Interment Date: Thurs. Time: 11:00 Graveside

Div: 9 Sect: 2 Blk/Row: ____ Lot: 345 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

E20516
1-4mos

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ABIGAIL	EDITH	CHAIREZ GONZALEZ	08/03/2006	12/09/2007	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	EDITH CHAIREZ GONZALEZ, MOTHER [redacted] 4424 47TH 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
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.

9A. SIGNATURE OF APPLICANT (Person taking permit) ▶ [signature] 9B. DATE SIGNED 12/12/2007

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	12/12/2007	▶ WILMA WOOTEN, MD

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

10. AUTHORIZED DISPOSITION(S)

BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO,CA 92102	11B. DATE BURIED: 12/13/2007	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
12 Chairs

Date 12/11/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cherline Williams 2/3/299

in a Liner (Type of Burial Container) Funeral, date, time Thurs. Dec. 13, 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 14 Grave 1

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1679.47
Paid receipt number 60576 (CHK # 43441)	1679.47
Balance due	-0-

PAID
DEC 11 2007
MOUNT HOPE CEMETERY

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

2/3/298

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

Signature + Linda Carter

Print Name + Linda Carter

Address 3535 Monroe Ave. #49

City San Diego, CA 92116 Zip Code

Telephone (619) 640-8760

Paulette

Invoice # _____ ✓

Work Order # E 20517

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

LOW-INCOME

Printed on recycled paper

E20517

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: Cherline Williams

Interment Date: 12/13/07 Time: 11:00 Chapel

Div: 11 Sect: 2 Blk/Row: ____ Lot: 14 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

[redacted]

E20517

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: Cherline Williams

Address: [redacted] 5181 Castana Street

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.

Linda Carter daughter Dec. 6, 2007

Signature Relationship Date

CDL C0860753 9-2-08

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

Approved by 12/11/07 Date

Current SSA Documents verified on: 12/4/07

Approved By David Lungo

Date 12/11/07

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

E20517

Social Security Administration

Date: December 11, 2007
Claim Number: [redacted]

Name: CHERLINE WILLIAMS

CHERLINE WILLIAMS
5181 CASTANA ST
SAN DIEGO, CA 92114-3602

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

Other Important Information

For the period 01/01/07 to 12/01/07 you received a total of $8436.00 in Supplemental Security Income benefits.

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. Your closest office is located at:

SOCIAL SECURITY ADMINISTRATION
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

SSN: 570-50-3136AI NAME: CHERLINE WILLIAMS

Payment dates and amounts are as follows:

Month	Payment	Month	Payment	Month	Payment
01/01/07	$703.00	05/01/07	$703.00	09/01/07	$703.00
02/01/07	$703.00	06/01/07	$703.00	10/01/07	$703.00
03/01/07	$703.00	07/01/07	$703.00	11/01/07	$703.00
04/01/07	$703.00	08/01/07	$703.00	12/01/07	$703.00

E20517

State of California

Benefits Identification Card

ID No. 92405935C55055

CHERLINE WILLIAMS

F 08 10 1936 Issue Date 02 24 05

E20517

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

71

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHERLINE	-	WILLIAMS	08/10/1936	12/05/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CHARLES SLOAN, BROTHER 4335 COPELAND AVE SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	Victoria Mitchell	12/10/07

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	12/10/2007	WILMA WOOTEN, MD

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

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 12-13-07	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

pre-need
disinterment & reinterment with

Date 12/13/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katie Mary Gardner

in a Bell Liner 4DD Crypt "A" Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 3538 Grave 1

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	65.00
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

VOID

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

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

X _____
Signature

X _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 20518

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
trust lot/trust

Date 12/13/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for: Fonda Brown

in a Top Seal Cault (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 246 Grave 6

Grave space & Care Fund	2264.--
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263.00
Flower vases — Marker setting	~
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	3,507.51
Paid receipt number P-01076	687.00
Balance due	2,820.51

PAID
JAN 14 2008
MOUNT HOPE CEMETERY

P-01104
$2,820.51

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

I hereby authorize the interment in lot 231308 228532 hold under deed.

X [signature]
Signature

AGGIE W. LARUE
X Tyrone Brown
Print Name

X 3288 - EL CAJON - BLVD #2
Address

X SAN DIEGO - CA - 92104
City Zip Code

X 619-865-0374 / 619-640-4477
Telephone

Invoice # _____

Work Order # E 20519

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

12/26 Coupons mailed 1/16/08 deed mailed

Pin231308/228532 E-20519

Brown, Tyrone & Larue, Aggie W. 3288 El Cajon Blvd #2, SD CA 92104 619-865-6374 619-640-4477

1a, 2, 4, 24a, 6

	DEBIT	CREDIT	BALANCE
12/13/2007 Pd down on lot/trust for Fonda Brown			
Lot $2264, o/c $533, b/c $355, h/f $263, r/f fee $65	2264.00		2264.00
sales tax on top seal vault $27.51 P-01076.	1243.51		3507.51
		687.00	2820.51
1/14/08 P-01104 Coupon 1-24 paid in full		2,820.51	0

PAID

JAN 14 2008

MOUNT HOPE CEMETERY

E20519

~~O.H.~~ 01-10-08

Please send Receipt
Paid to

Tyrone N. Brown
Aggie W. LaRue
3288 El Cajon Blvd. #2
San Diego, Calif. 92104

Thank you:
T. Brown
A. LaRue

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-20519

Tyrone N. Brown
Aggie W. Larue
3288 El Cajon Blvd #2
San Diego, CA 92104

CK # 1120

Payment Number:	24	**Payment Due Date:**	12/13/2009
Payment Amount:	117.55	**Amount Enclosed:**	2820.51
Payment after 12/23/2009:	117.55		
Bal. After This Payment:	0.00	*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payments Remaining:	0.00		

pl. credit Aggie LaRue

E20520

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need.
14 Chairs

Date 12/13/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LATICIA M. McCleary 231256

in a Double-Depth Crypt A (Type of Burial Container) Funeral, date, time FRIDAY Dec. 14 1:00

Church, Chapel, Graveside ; Cypressview Mortuary. Robert

All Funeral cars 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 12

Grave space & Care Fund	E-15259 paid 9/7/1999	⊘
Overtime/Late Arrival Fees		
Opening/Closing & Setup	E-15259 paid,	⊘
Burial Container	E-15259 (250.00) diff	289.00
Handling Fees	E-15259 (185.00) diff	269.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		
Sales taxes	E-15259 (19.38) diff	22.39
	Total Due	580.39
	Paid receipt number A P094424	580.39
	Balance due	⊘

PAID
DEC 13 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.

231248

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

Signature: Jennifer Daws

Print Name: Jennifer Daws
Address: 405 Dogwood
City: St. Robert, MO Zip Code: 65584
Telephone: 573-336-2158

Invoice # _____

Work Order # E 20520

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20521

not included

with this

Spindle:

E20500 _ E20599

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 12/13/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Byars Vicino ⊗ 231310

In a ASH VAULT (Type of Burial Container) Funeral, date, time Dec 26, Weds 10:00

Church, Chapel, Graveside ; Family Mortuary

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

will be applied and billed to undersigned _____

Division 5 Section 1 Blk/Row ~ Lot 41 Grave A

Grave space & Care Fund	426.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	810.12
Paid receipt number R-60585	810.12
Balance due	Ø

PAID
DEC 13 2007
MOUNT HOPE CEMETERY

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

231309

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

Signature: Frank Leo Vicino

x FRANK LEO VICINO
Print Name

x 1045 NOVARA STREET
Address

x SAN DIEGO CA 92107
City Zip Code

619-225-0757
Telephone

Invoice # _____ ✓

Work Order # E 20522

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20522

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 Byars Vicino ⊗

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Byars Vicino ⊗

Interment Date: Dec. 26th Time: 10:00 am G.S.

Div: 5 Sect: 1 Blk/Row: ____ Lot: 41 Grave: A

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

E20522

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

64 yrs

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ELSA	BYARS	VICINO	10/29/1943	05/06/2007	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	FRANK VICINO, HUSBAND 1045 NOVARA ST SAN DIEGO, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
SAN DIEGO CREMATION SERVICE, 1761 HOTEL CIRCLE SOUTH #122 SAN DIEGO, CA 92108	FD1481

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed stated herein is on of the 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
		▶ Missy Dodson	12/06/2007

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	12/06/2007	▶ 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
DIS/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12/26/07	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.)

Confid Son 1 to 2 weeks

OFFICIAL RECEIPT

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

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

61969

Date: October 22, 20 09

From: Frank Leo Vicini Address: 1045 Novara St., SD CA 92107, Phone 619-225-0757

Two Hundred sixty-four 57/00 Dollars ($ 264.57)

in Full Payment of Foundation/Border + monument trim vase for Byars Vicino.

Div 5 Sec 1 Blk/Row ____ Lot 41 Grave A

Invoice No. E 20522

Acct. No. ____

W.O. ____

BALANCE DUE Ø

☐ Money Order
☒ Charge Visa
☐ Check 01523B

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

PAID
OCT 22 2009
MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	Prakte
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	28.00
[illegible] &	100	
Misc. Fees	77183	234.40
Sales Tax	60101	2.17
	78390	
TOTAL PAID	$	264.57

Foundation/Border + monument trim vase

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

Send or br
DO
ACC

ed
+ trust

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 9-16-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie V. Dunbar

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

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Lot 5 Grave 12 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	19.38
Total Due	1669.38
Paid receipt number R51537	1669.38
Balance due	1000.00

PAID
NOV 29 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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.

Signature of recorded holder of deed

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

X Annie V Dunbar (Signature)
X 133 old oak DR (Address)
X S.D. CA 92114 (City, Zip Code)
X 619-589-2906 (Telephone)

Invoice #

Work Order # E 15259 Acct. #

REA-104 (7-96) *This information is available in alternative formats upon request.*

Printed on recycled paper

E20522

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 9-7-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael J. Dunbar

in a T.S. Vault (Type of Burial Container) Funeral, date, time Sat 9-11 10:00

Church, Chapel, Graveside Church/Graveside Berge Ribots 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 5 Grave 11 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 Set: overtime	600.00
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	2269.38
Paid receipt number VISA	2269.38
Balance due	0

PAID
SEP 7 1999
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X Annie J Dunbar (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.

Signature of recorded holder of deed

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

X Annie J Dunbar (Signature)
X 133 OLD OAK DR (Address)
X S.D. CA 92114 (City, Zip Code)
X 619-589-2906 (Telephone)

Invoice #

Work Order # E 15240 Acct. #

REA-104 (7-96) *This information is available in alternative formats upon request.*

Printed on recycled paper

E20522

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 ~~FS~~ D.D. CRYPT "A"

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Laticia. McCleary

Interment Date: 12/14/07 Time: 1.00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 5 Grave: 12

Grave Laid out by: Norman Fergerson

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20522

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 33

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LATICIA	-	MCCLEARY	09/14/1974	12/05/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
DALLAS	TX	JAMES MCCLEARY - HUSBAND 17717 VAIL #828 DALLAS TX 25281

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
EL CAMINO MEMORIAL - IMPERIAL AVE 3953 IMPERIAL AVE SAN DIEGO CA 92113	FD-670

8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
▶	12/13/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	12/13/2007 L CASTRO	2701867 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-	VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92188-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

E 20523

not included

in this

Spindle:

E 20500 _ E 20599

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 12/14/07

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

In a Liner (Type of Burial Container) Funeral, date, time SATURDAY DEC 22 1:00pm

Church Chapel, Graveside CA BURIAL ; Mortuary (619) 234-3272

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

will be applied and billed to undersigned. _____

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

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees SAT. FEE	851.00
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	106.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.46
Total Due	2,533.46
Paid receipt number	
Balance due	

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

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20524

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

disinterment
reinterment

City of San Diego

Date 12/14/07

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

In a T.S. Vault (Type of Burial Container) Funeral, date, time Monday Dec 24 930 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 10 Section _____ Blk/Row _____ Lot 2195 Grave 1

Grave space & Care Fund	C-9081 / E-16706	—
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 R60580 *	1484.-
	part of E-20523 Balance due	Ø

PAID
DEC 17 2007
MOUNT HOPE CEMETERY

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

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

_____
Signature

Janice Gabriel
Print Name

267 Coolwater Dr
Address

SD 92114
City Zip Code

(619) 267-4490 hm
Telephone

(619) 850-3523 cell

Invoice # _____

Work Order # E 20525

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20525

DOTD interment order

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF Gladys Burk

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Gladys Burk 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 Gladys Burk 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 Gladys Burk is identified as:

Lot 2195 Grave — Section — Division 10

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

Janice Gabriel	Cousin
SIGNATURE(S)	RELATION TO DECEASED
Eric Overstreet	CDL N0390299 3-5-11
WITNESSED BY	
12-17-07	
DATE	

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-~~18~~ 19-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SMITH, D'MAJ. TYRONE 231313

in a DD "A" (Type of Burial Container) Funeral, date, time 12-21-07 FRI 3:00

Church, Chapel, Graveside 3:00 ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 1:00 will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row 4 Lot 76 Grave 12

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 533 + 2ND O/C 533	1066.00
Burial Container DD	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 65+65	130.00
Sales taxes	41.77
Total Due	4494.77
Paid MOUNT HOPE CEMETERY Receipt Number R-60590	4,494.77
Balance due	0

PAID DEC 19 2007

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

231307

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

Sharon Nicole Smith
Signature

Sharon Nicole Smith
Print Name

6816 Quebec Court #1
Address

San Diego 92139
City Zip Code

619-479-9819
Telephone

RAGSDALE will PAY

Invoice # _____

Work Order # E 20526

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20526

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			

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

Blind check Initiated by: _____ Date: _____

Interment space for: D'mas Tyrone Smith

Interment Date: 12/21/07 Friday Time: 3:00 Church arrival

Div: 11 Sect: 2 Blk/Row: ____ Lot: 76 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

E20526

28

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
D'maj	Tyrone	Smith	08/21/1979	12/15/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Las Vegas	Nevada	Sharon Smith-Mother 6816 Quebec Ct. #1 San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Anderson-Ragsdale Mortuary, Inc. 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 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
		▶ Joseph Lemon Jr.	12/21/2007

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$11.00	12/21/2007	2701930 J. Lemon Jr. ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 12/21/07	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 IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE	

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 12/19/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HOWARD SHARPE P.A.# 231321

in a LINER (Type of Burial Container) Funeral, date, time Thurs. Dec. 27th 2pm

Church, Chapel, Graveside Delivery Only, Conrad (619) 460-4601-Donna Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 69 Grave 1

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	178.-
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,536.93
Paid receipt number R60593	3,536.93
Balance due	Ø

PAID
DEC 21 2007
MOUNT HOPE CEMETERY

P.A. Briana Brettillo

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.

231322

I hereby authorize the interment in lot I hold under deed

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See Attached

Paulette

Work Order # E 20527

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20527

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 12/19/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HOWARD SHARPE P.A.*

in a LINER (Type of Burial Container) Funeral, date, time Thurs. Dec. 27th

Church, Chapel, Graveside Delivery Only; Conrad Mortuary 619 460 4601 - 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 1 Blk/Row _____ Lot 69 Grave 1

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases (- Marker setting fee)	178.-
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,536.93
Paid receipt number	
Balance due	

PA. Briana Brethillo

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

Conrad Lemon Grove Mortuary

X Donna J. Conrad (Print Name)

X 7387 Broadway (Address)

X Lemon Grove, CA 91945 (City, Zip Code)

X 619/460-4601 (Telephone)

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

Donna Conrad (Signature)

Paulette

Invoice # _____

Work Order # E 20527

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Conrad's will deliver check to you FRIDAY 12/21/07

E20527

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: Howard Shape P.A.#

Interment Date: Thurs. 12/27 Time: _____

Div: 12 Sect: 1 Blk/Row: ____ Lot: 69 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: DAVID N Date 12-24-02

Cremains were placed at: _____ of grave

E20527
75

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HOWARD	RAMSEY	SHARPE	02/07/1932	10/16/2007	M

5A. CITY OF DEATH: LA MESA

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

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY, LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY, LEMON GROVE, CA 91945

7B. CALIF. LICENSE NUMBER – IF APPLICABLE: FD 941

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.

8A. SIGNATURE OF APPLICANT – Please sign permit: ▶ Nia K. Good

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: NIA GOOD 12/03/2007

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2701805 ✓ ▶

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

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

10. AUTHORIZED DISPOSITION(S) 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: MOUNT HOPE CEMETERY – 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED: 12/27/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Kenneth Callan	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶	
SCATTERING/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

12 CHAIRS

Date 12/21/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise Bailey 225299

in a Liner (Type of Burial Container) Funeral, date, time Thurs. Dec. 27th 10:00 am

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 8 Section 5 Blk/Row _____ Lot 31 Grave 1

Grave space & Care Fund E-4344 <5-30-84>	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	1454.82
Paid receipt number Credit card Mastercard	1,454.82
Balance due	Ø

PAID
DEC 21 2007
MOUNT HOPE CEMETERY

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

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

X Louis G. Bailey
Signature

X Louis G. Bailey
Print Name

X 1596 Zepayr St
Address

X El Cajon Ca 92021
City Zip Code

X 619-447-9647
Telephone

N.R.

Work Order # E 20528

Invoice # _____

Acct. # _____ ✓

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

619 442-0678

E20528

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 _____

		OVIS	X			
	Calkins		Lind	Bailey		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Louise Bailey

Interment Date: 12/27 Thursday Time: 10:00 AM

Div: 8 Sect: 5 Blk/Row: ____ Lot: 31 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: DAVID N Date 12-23-07

Cremains were placed at: _____ of grave

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY E20528

DATE 05-25 19 8

CHARGE Ovis & Louise Bailey

ADDRESS PO Box 1074 El Cajon, Ca. 92022

NAME OF DECEASED Pre need

OWNER

ADDRESS

MORTUARY

LOT 30 + 31 GR ____ ROW ____ SEC 5 ~~BLK~~ DIV 8	940	0
OPENING/ CLOSING TIME ____ DAY DATE ____		
VAULT/LINER ____ SIZE ____		
REC. FEE/REMOVAL/FOUNDATION ____		
TOTAL	940	0
PAID RECEIPT NUMBER R-31737	940	0
BALANCE	0	

PAID

MAY 30 1984

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

AUTHORIZED IN PERSON PHONE BY Ovis D Bailey

ORDER TAKEN BY

W.O. NO. E 4344

INVOICE NO.

PY-593 (4-82)

E20528

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
244-3151

DATE _____ 19__

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. _____

W.O. _____

UNPAID BALANCE AFTER THIS PAYMENT _____

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

CITY AUDITOR
APR 04 1984

ISSUED BY _____

CREDIT 25% SALES CARE	47002 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	50101 5020	
TOTAL PAID $		

AC-212 (REV. 8-81)

E20528

86

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOUISE	IONA	BAILEY	07/23/1921	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	OVIS BAILEY, HUSBAND 1596 ZEPHYR ST EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAJON-LAKESIDE-SANTEE MORTUARY & CREM SER, 684 S MOLLISON AVE EL CAJON, CA 92020	FD1022	▶ [signature]	12/21/2007

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	12/21/2007	▶ WILMA WOOTEN, MD

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

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

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92101	11B. DATE BURIED 12-31-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/24/2007

231329

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carlos Ramos Muñoz 11:30

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Thurs, Dec 27, 2007

Church, Chapel, Graveside _____ ; Heath Mortuary.

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

will be applied and billed to undersigned. _____

Division MAS Section A Blk/Row _____ Lot 53 Grave 10

Grave space & Care Fund	E- 19275	Ø
Overtime/Late Arrival Fees		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases - Marker setting fee	Trion Vase/Wo 5939	
Recording/Filing/Transfer Fees		
Sales taxes		
Total Due		101.55
Paid receipt number	R-60595	101.55
Balance due		Ø

PAID DEC 24 2007 MOUNT HOPE CEMETERY

I hereby certify I am the Son/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.

Luis F. Ramos
Signature

Maria G Dorensky
5550 Balboa Arms Dr 57
San Diego, CA 92117

Luis F. Ramos
Print Name

844 West St.
Address

San Diego 92113
City Zip Code

619 987-3437
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20529

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20529

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot + trust

Date 7-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Self or children/grandchildren

In a D.Q 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 ~~X~~ MASON Section ~~10~~ A Blk/Row _____ Lot ~~592~~ 53 Grave * 10

Grave space & Care Fund	1535.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2@413.-	826.-
Burial Container	418.-
Handling Fees	352.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2@50.-	100.-
Sales taxes ~~2.00~~ 32.40 PC.	~~64.80~~ 32.40
Total Due	3263.40
Paid receipt number Visa Card	815.85
Balance due	2447.55

Res fee

DEC 24 2007

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.

229300

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

Signature _____

Maria R Saunders
Print Name
7322 Mesa College Dr #10
Address
San Diego CA 92111
City Zip Code
619 933-8902
Telephone

Paulette

Work Order # E 19275

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20529

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

				JORGE ROMA		
			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Carlos Ramos Muñoz

Interment Date: 12-27-07 Time: 11:30

Div: MAS Sect: A Blk/Row: ____ Lot: 53 Grave 10

Grave Laid out by: KEN & JOSH

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: DAVID N. Date 12-26-07

Cremains were placed at: _____ of grave

E20529

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
CARLOS	-	RAMOS	08/19/1929	12/21/2007	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	LUIS RAMOS, SON 844 WEST ST SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
HEATH FUNERAL HOME, 611 HIGHLAND AVE NATIONAL CITY, CA 91950	FD807

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the 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: ▶ Sharon Burke

8B. DATE SIGNED: 12-27-07

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	12/27/2007	WILMA WOOTEN, MD ▶#9097

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER 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 12/27/07	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.)

OFFICIAL RECEIPT

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

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

61844

Date: July 30, 2009

From: Maria F. Popoca Address: 5550 Balboa Arms Dr. #57, SD CA 92117

One hundred seventy-eight and 00/00 Dollars ($ 178.00)

In Full Payment of Setting fee for Carlos Munoz Ramos Marker.

Div MASON Sec A Blk/Row ____ Lot 57 Grave 10

Invoice No. E-20529

Acct. No. ____

W.O. ____

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check 2140

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

PAID
JUL 30 2009

ISSUED BY MOUNT HOPE CEMETERY

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	179.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	178.00

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

[redacted]

MT. HOPE [redacted]

INTERMENT ORDER

City of San Diego

At Need

Date 12/24/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IRENE STEINLE ⊗ 220036

in a ASH VAULT (Type of Burial Container) Funeral, date, time AYD 1/8/07

Church, Chapel, Graveside _____ ; Balboa 220-0716 Mortuary

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

will be applied and billed to undersigned. _____

Division IOOF Section _____ Bk/Row 50 Lot 11 Grave 1

Grave space & Care Fund E 2758 <12/4/1981> 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

PAID

JAN - 8 2008

MOUNT HOPE CEMETERY

Total Due $ 384.12

Paid receipt number Visa $ 384.12

CDL 02985120 12/01/08

03582C Balance due Ø

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

231334

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

X [signature]
Signature

X Max Hunziker
Print Name

X 3631 Albert ST
Address

X San Diego, CA 92103
City Zip Code

X 619-220-0716
Telephone

Invoice # _____

Work Order # E 20530

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20530

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

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Irene Steinle Ø

Interment Date: 1/8/08 Time: AYD

Div: IBOOF Sect: _____ Blk/Row: 5 Lot: 11 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

E20530

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
IRENE	KANAITE	STEINLE	12/30/1925	12/21/2007 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	MAX HUNZIKER, FRIEND DPOAHC 3631 ALBERT STREET 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
BALBOA CREMATION SERVICES, 4658 30TH ST SAN DIEGO, CA 92116	FD1370	▶ [illegible]	12/28/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	12/28/2007	▶ 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
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 1-8-08	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 92081	12B. DATE CREMATED 12.28.07	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Richard Martay	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 12/24/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YOSIEF ANDEMESKEL TSIGE 231320

in a DD CRYPT "B" (Type of Burial Container) Funeral, date, time 12/28/07 FRIDAY 11:00

Church, Chapel, Graveside _____ Anderson-Rags dale Mortuary

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

will be applied and billed to undersigned. _____

Division MAS Section T Blk/Row _____ Lot 7 Grave 6

Grave space & Care Fund E-19865	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	Ø
Paid receipt number _____	—
Balance due	Ø

No interfund transfer. Monies deposited into General Fund. See attached

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

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

X Eyob Andemeskel (Signature)

X EYOB ANDEMESKEL (Print Name)

X 3763 MEADE AVE (Address)

X SAN DIEGO CA 92116 (City, Zip Code)

X 619-284-2681 (Telephone)

Cell 619-756-9860

Invoice # _____

Work Order # E 20531

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20531

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need (Res) 15 Chairs 1st & 2nd Burial

Date 8-15-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Andemeskel mebrahtu Tsige # 230340

in a DD Crypt (Type of Burial Container) Funeral, date, time Thurs Aug 17, 06 11:00

Church, Chapel, Graveside _____ ; Ragsdale Joseph Mortuary.

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

Division MAS Section T Blk/Row _____ Lot 7 Grave 6

Grave space & Care Fund		$2,264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2 @ $533.00	$1,066.00
Burial Container	DD Crypt	539.00
Handling Fees		454.00
Flower vases – Marker setting		0
Recording/Filing/Transfer Fees	2 @ $65.00	$130.00
Sales taxes		$41.77
Total Due		$4,494.77
Paid receipt number	R-59744	4,494.77
Balance due		0

PAID AUG 15 2006 MOUNT HOPE

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

mailed Deed 8-16-06

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

Eyob Andemeskel
Signature

AW # 230339
Bereket Tsige Andemeskel } owner

Work Order # E-19865

purchase # 230341
X EYOB ANDEMESKEL
Print Name
X 3763 MEADE AVE
Address
X SAN DIEGO CA 92116
City Zip Code
X 619-284-2681
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

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

59744

Date: 8-15-06, 20 06

From: Bereket Andemskel Address: 4106 Highland Ave S.D CA. 92105

four thousand four hundred ninety-four 77/100 Dollars ($ 4,494.77)

In Full Payment of AT Need Services For Andemeskel M. Tsige

Div MAS Sec T Blk/Row _____ Lot 7 Grave 6

Invoice No. E-19865

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check #1012

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

PAID AUG 15 2006 MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	452	80
20% Sales Care	77184		
80% Sales	100	1,811	20
of Lots	77184		
Opening/	100		
Closing	77181	1,066	00 O/C-2
Burial	100		
Containers	77182	539	00 B/C DDO
	100		
Handling Fee	77185	454	00 H/F
Recording &	100		
Misc. Fees	77183	130	00 R/F-2
Sales Tax	60101	41	77
	78390		
TOTAL PAID	$	4,494	77

AC-212A (11-05)

This information is available in alternative formats upon request.

E20531

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Andemeskel Mebahtu Tsige "A" RD

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

Interment Date: 12/28/07 Time: 11:00 Church

Div: MAS Sect: T Blk/Row: — Lot: 7 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

E20531

32

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YOSIEF	ANDEMESKEL	TSIGE	08/01/1975	12/21/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	EYOB TSIGE, BROTHER 3763 MEADE AVENUE SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Henn Ka Yoo	12/26/07

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 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	12/26/2007	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 12/27/07	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

Late Arrival 353

Date 12/26/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Long Pri. 231325

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Jan 4, 2008 @ 1 pm

Church, Chapel, Graveside Calvary Baptist 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 239 Grave 2

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 X 533	1066.00
Burial Container	539.00
Handling Fees	454.00
Flower vases - Marker setting fee	178.00
Recording/Filing/Transfer Fees 2 X 65	130.00
Sales taxes	41.77
Total Due	4,672.77
Paid receipt number R-60596	-4,672.77
Balance due	0

PAID DEC 26 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: Ethel Edmerson

Print Name: ETHEL EDMERSON 231325

Address: 835 "S" 46TH ST

City: SAN DIEGO CA Zip Code: 92113

Telephone: 619-263-5877

Invoice # _____

Work Order # E 20532

Acct. # _____ ✓

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20532

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			
				VARNER		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Margaret Long

Interment Date: 1/4/2008 Time: 1:00pm Friday

Div: 12 Sect: 2 Blk/Row: ____ Lot: 239 Grave: 2

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: DAVID N Date 12-28-07

Cremains were placed at: _____ of grave

E20532

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
MARGARET	REE	LONG	08/22/1922	12/23/2007	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	WASHINGTON LONG, HUSBAND 4466 LOGAN AVENUE SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Stennukalm	12/27/07

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

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	12/27/2007	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 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 7054.6, 7116, 7117, AND 103060.

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

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN 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
Re-interment
from 10,, 2195,1

Date 12/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Kevin Burks 231319

in a Top Seal vault (Type of Burial Container) Funeral, date, time 12/26/07

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 122 Grave 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	
Sales taxes	
Total Due	1,313.–
Paid receipt number R-60741	1,313.–
Balance due	Ø

see attached 4 20523

PAID
MAR 11 2008
MOUNT HOPE CEMETERY

Due end of April 2008.
Per David Lugo

P.O.A

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

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

X J. Gabriel
Signature

X Janice Gabriel
Print Name

X 267 Coolwater Dr
Address

X S D. 92114
City Zip Code

X (619) 267-4490
Telephone

Invoice # _____

Work Order # E 20533

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20533

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 12-14-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BURKS KEVIN L.

in a TS. Vault (Type of Burial Container) Funeral, date, time 12-24-07 MON 9:30

Church, Chapel, Graveside 1:00 : CA BURIAL Mortuary. EL CAJON

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

will be applied and billed to undersigned. _____

Division ~~10~~ 12 Section 2 Blk/Row _____ Lot ~~2195~~ 122 Grave 7 +

Grave space & Care Fund C-9081 /	~~0~~
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	355.—
Handling Fees	263 —
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.—
Sales taxes	27.51
Total Due	710.51
Paid receipt number R-60580 Pt of E20525	710.51
Balance due	Ø

PAID
DEC 17 2007
MOUNT HOPE CEMETERY

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

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

J. Gabriel
Signature

Janice Gabriel
Print Name

267 Coolwater Dr
Address

S.D. 92114
City Zip Code

(619) 267-4490 hm
Telephone (619) 850-3523 cell

Invoice # _____

Work Order # E 20523

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20533

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Dointer Gladys Burks + Re-inter Glady Burks

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

Interment Date: _____ Time: _____ to 12,2,11 122,7

Div: 10 Sect: _____ Blk/Row: _____ Lot: 21 95 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

12/24/07 MON
~~10 AM~~
9 AM
JANETTE 12/19
DAVID L ~~CONCURS~~ APPD

E20533

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
KEVIN	LAMAR	BURKS	02/24/1961	12/13/2007	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	JANUS GABRIEL, COUSIN 267 COOLWATER DR SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	12/20/07

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	12/20/2007	▶ WILMA WOOTEN, MD

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

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
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 12/24/07	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.12/04)

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 7118.)

Pre-need TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dominga Cruz 207447

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 18 Section 3 Blk/Row _____ Lot 102 Grave 1

Grave space & Care Fund E-10512	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	237.00
Recording/Filing/Transfer Fees	85-
Sales taxes	806
Total Due	747.06
Paid receipt number R-01083	747.00
Balance due	-0-

PAID

DEC 26 2007

MOUNT HOPE CEMETERY

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

231312

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

Priscila Rodriguez (Signature)

Priscila Rodriguez (Print Name)

10126 HALBRENT AVE. (Address)

MISSION HILLS CA 91345 (City, Zip Code)

818-894-0956 (Telephone)

N.R.

Invoice # _____

Work Order # E 20534

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
in grave of Lee A. Brown

Date 12/27/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby Brown 231058 1:00

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time Thurs. Jan 3, 2008

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 121 Grave 12

Grave space & Care Fund E-20328 (8.14.07)	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	~
Handling Fees	~
Flower vases – Marker setting fee	~
Recording/Filing/Transfer Fees	65.00
Sales taxes	~
Total Due	598.00
Paid receipt number R60616 CHK 15808	598.00
Balance due	0

PAID JAN - 3 2008 MOUNT HOPE CEMETERY

MORT 2 Pay

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

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

x Vanessa Belcher
Signature

x Vanessa Belcher 231316
Print Name

x 1397 Wylinda Way
Address

x San Diego 92113
City Zip Code

x 619 264 8273
Telephone

Paulette

Work Order # E 20535

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request. ✓

© Printed on recycled paper

E20535

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

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 TUES 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 R60193	$ 4047.77
Balance due	27.00
R-60214	27.00

AUG 22 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.

231058

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

X Ruby Brown
Signature

X RUBY BROWN
Print Name

X 1397 Wyonda 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

E20535

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Lee A. 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 D.A. CRYPT "B"

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Ruby Brown

Interment Date: 1-3-08 Time: 1:00 Chapel

Div: 12 Sect: 1 Blk/Row: ~ Lot: 121 Grave 2

Grave Laid out by: KEN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: David N. Date 12-31-07

Cremains were placed at: _____ of grave

E 20535

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
RUBY	LEE	BROWN	04/28/1940	12/25/2007	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	VANESSA BELCHER, DAUGHTER 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 – Before making permit.	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Glenn Kabryn	12/27/07

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 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	12/27/2007	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 1-3-08	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

ck grave of Keith L. Russell

Date 12/27/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kang Nancy Russell 225381

in a Double-Crypt "B" (Type of Burial Container) Funeral, date, time FRIDAY Jan 4th 11:00

Church, Chapel, Graveside _____ ; Clairemont Mortuary.

858-279-2244 fax Wndo

All Funeral cars 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 4781 Grave 1

Grave space & Care Fund E-8135	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	—
Total Due	598.00
Paid receipt number AP 03580A	598.00
Balance due	Ø

PAID
DEC 27 2007
MOUNT HOPE CEMETERY

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

231324

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

X Hak Su Choi
Signature

X Hak Su Choi
Print Name

X 1271 Lincoln Ave.
Address

X San Diego 92103
City Zip Code

X (619) 260-1347
Telephone

Invoice # _____

Work Order # E 20536

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20536

MT. ~~HOPE CE~~METERY

INTERMENT ORDER

City of San Diego

Date 8-24-98

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

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time Thur 8-27 11:00

Church, Chapel, Graveside Chapel/Graveside; Clairemont Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ Dorothy 150.00

will be applied and billed to undersigned. X [signature]

Lot 4781 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-Need E-8135	-0-
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	1149.45
Paid receipt number R-50325	1149.45
Balance due	-0-

PAID
AUG 25 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

X JM HO.
Signature

X ~~[illegible]~~ 1271 LINCOLN AVE
Address

X S.D. CA. 92103
City Zip Code

X 619-260-1347
Telephone

Invoice # _____

Work Order # E 14546

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20536

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Keith L. Russell

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

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

Blind check Initiated by: _____ Date: _____

Interment space for: Kang Nancy Russell

Interment Date: Jan 4th 2011 Time: 11:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 4781 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

E20536

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KANG	NAM	RUSSELL	03/03/1940	12/26/2007	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	HAK SU CHOI, HUSBAND 1271 LINCOLN AVENUE 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
CLAIREMONT MORTUARY, 4266 MT ABERNATHY AVE SAN DIEGO, CA 92117	FD 1126	▶ Hak K. Choi	01/03/2008

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	01/03/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1/7/08	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. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
12 chairs

Date 12/28/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert E. Stokes 231315

in a Top Seal Vault (Type of Burial Container) Funeral, date, time Thursday Jan 3rd 10:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

61st Skyline

All Funeral cars 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 2

Grave space & Care Fund	1,132.00
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 AP028624	1,931.26
Balance due	Ø

PAID
DEC 28 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.

231314

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

X Linda Stokes
Signature

X Linda Stokes
Print Name

X 1011 Swaner St.
Address

X San Diego, CA 92114
City Zip Code

X (619) 263-7237
Telephone

Invoice # _____

Work Order # E 20537

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

LOW INCOME

© Printed on recycled paper

E20537

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

			X	ORTEGA		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Robert Stokes

Interment Date: 1/3/08 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 143 Grave: 2

Grave Laid out by: KEN + JUAN

Agrees with Legal Card: Yes [✓] No [ ]

Agrees with Map: Yes [✓] No [ ]

Blind Check & Verified By: DAVID N Date 12-28-07

Cremains were placed at: _____ of grave

E20537

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: Robert Emrick Stokes

X Address: 1011 Swaner St.

X 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.

X Linda Stokes X wife X 12-28-07

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 12/28/07 Date

Current IRS 2006 Documents verified on: 12/28/07

Approved By

Date 12/28/07

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

E20537

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 (See instructions.)

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

Your first name	MI	Last name	Your social security number
ROBERT	E	STOKES	[redacted]
If a joint return, spouse's first name	MI	Last name	Spouse's social security number
LINDA	A	STOKES	[redacted]
Home address (number and street). If you have a P.O. box, see instructions.		Apartment no.	You **must** enter your social security number(s) above.
1011 SWANER ST			
City, town or post office. If you have a foreign address, see instructions.	State	ZIP code	Checking a box below will not change your tax or refund.
SAN DIEGO	CA	92114	

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund? (see instructions) ▶ ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

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

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶

5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

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

b ☒ **Spouse**

Boxes checked on 6a and 6b: 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)
RONALD E STOKES	[redacted]	Son	☒
DONALD E RUNNELLS	[redacted]	Son	☐
DANIEL E STOKES	[redacted]	Son	☒
			☐

If more than four dependents, see instructions.

No. of children on 6c who: • lived with you: 3 • did not live with you due to divorce or separation (see instrs):

Dependents on 6c not entered above:

d Total number of exemptions claimed — Add numbers on lines above ▶ 5

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	20,135.
8a	**Taxable** interest. Attach Schedule B if required	8a	25.
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	
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	20,160.

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	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	20,160.

E20537

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
ROBERT	E.	STOKES	06/20/1955	12/23/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	LINDA STOKES, WIFE 1011 SWANER 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	Stennika Pryor	12/27/07

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	12/27/2007	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 1-3-08	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 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

At-need

City of San Diego

Date 12/28/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NORA GRACE SAWATZKY 226445 2pm

in a LINER (Type of Burial Container) Funeral, date, time Thursday Jan 3, 2008

Church, Chapel, Graveside Witness ; El Camino Mortuary. Cypressview

All Funeral cars 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 2552 Grave 1

Grave space & Care Fund E-16465	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	—
Paid receipt number N/A	—
Balance due	—

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.

231323

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

X Georgia Dunbar
Signature

X GEORGIA DUNBAR
Print Name

X 4515 Avocado Blvd.
Address

X La Mesa, Ca.
City

91941 (619-444-0029)
Zip Code Telephone

Invoice # _____

Work Order # E 20538

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20538

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 25, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PRE-NEED TRUST FOR: NORA GRACE SAWATZKY

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

Church, Chapel, Graveside - ; EL CAMINO=BENBOUGH 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 2552 Grave - Row - Section = Division/Block 10

Grave space & Care Fund PRE-NEED C-7706	Ø
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee DBL MARKER ON LOT ALREADY	-----
Recording and filing fee	45.00
Sales taxes	14.25
Total Due	769.25
Paid receipt number	769.25
Balance due	Ø

PAID
JUN 25 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

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

Nora Grace Sawatzky
Signature

7587 CENTRAL AVE.
Address

LEMON GROVE, CA 91945
City Zip Code

(619) 464-3341
Telephone

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

Nora Grace Sawatzky
Signature of recorded holder of deed

Invoice # _____

Acct. # _____

Work Order # E 16465

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20538

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: Nora Sawatzky

Interment Date: 1-3-07 Time: Thursday

Div: 10 Sect: _____ Blk/Row: _____ Lot: 2552 Grave: 1

Grave Laid out by: JUAN & KEN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: DAVID N. Date 12-31-07

Cremains were placed at: _____ of grave

E20538

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
NORA	GRACE	SAWATZKY	03/23/1914	12/19/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	GEORGIA DUNBAR, NIECE 4515 AVOCADO BLVD. LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-IMPERIAL AVE., 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	FD-670	▶ Carla Arvin	12/27/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	12/27/2007	▶ 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 1-3-2008	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

COPY 2 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS8e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

on grave of Rose Jung Hom

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/28/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Miles Hom ⊗ 231352

in a ASH VAULT (Type of Burial Container) Funeral, date, time AYD 1/18/2008

Church, Chapel, Graveside _____ : Claremont Mortuary

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

will be applied and billed to undersigned. _____

Division 7 Section 2 Blk/Row W Lot 47 Grave 7

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.—
Burial Container	79.—
Handling Fees	85.—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer fee	65.—
Sales taxes	6.12
Total Due	$ 384.12
Paid receipt number 061860	384.12
Balance due	0

PAID
DEC 31 2007
MOUNT HOPE CEMETERY

Visa

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 231351 Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone See attached

Invoice # _____

Work Order # E 20539

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

- over -

E20539

Please sign and return. Thanks, Paulette

Thank you for your help! When will my father be interred? Please let me know @ (801) 424-0252.

Thanks!

Kathleen Hom

on grave of Rose Jung Hom

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/28/07

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

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

Church, Chapel, Graveside _____ ; Clairemont Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 2 Blk/Row U Lot 47 Grave 7

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.—
Burial Container	79.—
Handling Fees	85.—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.—
Sales taxes	6.12
Total Due	$ 384.12
Paid receipt-number VISA 06186C	384.12
Balance due	0

PAID DEC 31 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.

231351

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

X Kathleen Hom
Signature

X KATHLEEN HOM
Print Name

X Kathleen Hom
Address

X 4340 Highland #314
City Zip Code

X SALT LAKE CITY, UT 84124
Telephone

(801) 424-0252

Invoice # _____

Work Order # E 20539

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20539

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinterment from Air Seal Vault
Reinterment

Date 1-6-98

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

in a Double Depth (Type of Burial Container) Funeral, date, time 8-19-98

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 7 Row _____ Section 2 Division/Block 7

Grave space & Care Fund	Pre-Need B-7722 ~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	Disinterment/Reinterment 1,000.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	1774.45
Paid receipt number R-49358	1774.45
Balance due	~~0~~

PAID
JAN 06 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Milee Hom
Signature of recorded holder of deed

Milee Hom
Signature
4178 Falcon St
Address
San Diego, Calif 92105
City Zip Code
296-2594
Telephone

Invoice # _____

Work Order # E 14077

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20539

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Rose Jung Hom full body In a dd crypt

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

Burial Container Ashvault

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Miles Hom ⊗

Interment Date: 1-18-2008 Time AYD

Div: 7 Sect: 2 Blk/Row: ____ Lot: 47 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

E20539

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 24525

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 83

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MILES	-	HOM	06/07/1924	12/27/2007	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	YVONNE HOM, DAUGHTER 586 ARRAN COURT SUNNYVALE, CA 94087

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY, 4266 MT ABERNATHY AVE SAN DIEGO, CA 92117	FD 1126	▶ [signature]	01/09/2008

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	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	01/09/2008	▶ 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 DISTRICTIN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-18-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY - 1625 GISLER AVENUE, COSTA MESA, CA 92626	12B. DATE CREMATED JAN 12 2008	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 [illegible] OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED [illegible]. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/31/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Clarence L. Smith 219173

in a Double-Depth "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 18 Section _____ Blk/Row _____ Lot 1588 Grave 1

Grave space & Care Fund	E-14997 / C-6613 —
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	—
Total Due	$ 793.00
Paid receipt number P-01086	$ 793.00
Balance due	—

PAID
DEC 31 2007
MOUNT HOPE CEMETERY

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

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

X "Son"
Signature

Richard C Smith
Print Name

X7151 LATITUDE LN
Address

X CARLSBAD 92009
City Zip Code

X760-931-6969
Telephone

Work Order # E 20540

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 12/31/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NYARIEKA THOWAT GAW 231318

in a Liner (Type of Burial Container) Funeral, date, time Thursday Jan 3 12:00

Church Chapel, Graveside MAYER Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row — Lot 75 Grave 7

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	32.82
Total Due	4,465.82
Paid receipt number R-60601 R-60602 R-60603	1000.00 2000.00
Balance due	1465.82

PAID
DEC 31 2007
MOUNT HOPE CEMETERY

I hereby certify I am the x 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.

231317

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

x [signature]
Signature

x John Kuek
Print Name

x 334 Roanoke Rd
Address

x El Cajon, CA 92020
City Zip Code

x 619-938-3204
Telephone

Invoice # _____

Work Order # E 20541

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20541

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: Nyarieka T. Gaus

Interment Date: Thursday Jan 3 Time: 12:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 75 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

E20541

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
NYARIEKA	THOWAT	GAW	01/01/1941	12/26/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	REBECCA KODA, DAUGHTER 334 ROANOKE RD. EL CAJON, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	FD1424	▶ [signature]	01/03/2008

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	01/03/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT.HOPE CEMETERY,3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 1-3-2008	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

in grave of Jack Kimbrough

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/2/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Quincella Kimbrough 231336

in a Double Depth "B" (Type of Burial Container) Funeral, date, time Jan 8th Tues 1:00

Church Chapel Graveside ; Anderson-Rosda Mortuary

All Funeral cars 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 91 Grave 1

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	Ø
Opening/Closing & Setup	533.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	
Total Due	598.00
Paid receipt number R-60627	598.00
Balance due	Ø

PAID

JAN 0 8 2008

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 _____

231335

Print Name See attached

Address

City Zip Code

Telephone

MORT 2 Pay

Invoice # _____

Work Order # E 20542

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20542

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-16-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jack J. Kimbrough

in a DBL CRYPT (Vault/Liner) Funeral, date, time Sat 4/18 11am

Church, Chapel, Graveside Church, G.S. ; Ragsdale Mortuary.

Arrive about 1:00 P.M.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 91 Grave 1 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.—
Burial Container DBL CRYPT	330.—
Handling Fees	320.—
Flower vases - Marker setting fee Off Charge	580.—
Recording and filing fee	45.—
Sales taxes	25.58
Total Due	2345.58
Paid receipt number 42132	2345.58
Balance due	0

PAID
APR 16 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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 of recorded holder of deed

Signature: Quincella Kimbrough

Address: 1610 South 40th St.

State: Calif. San Diego Zip Code: 92113

Telephone: 262 5305

Invoice # 42132

Acct. #

Work Order # E 10030

PY-593 (REV. 8-85)

E20542

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Jack Kimbrough

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

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

Blind check Initiated by: _____ Date: _____

Interment space for: Quincella

Interment Date: Tues Jan 8 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 91 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

E20542

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
QUINCELLA	PEARL	KIMBROUGH	11/17/1909	01/01/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
INGLEWOOD	LOS ANGELES	JACQUELINE KIMBROUGH-RYAN, DAUGHTER 5203 MARBURN AVENUE LOS ANGELES, CA 90043

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sienna Pryor	01/08/08

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	01/08/2008	JONATHAN FIELDING, 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
LOS ANGELES CO DEPT OF PUBLIC HEALTH 313 NORTH FIGUEROA STREET, RM L-1 LOS ANGELES, CA 90012	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-8-08	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.)

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

MT. HOPE CEMETERY

INTERMENT ORDER

At need
in grave of
gregory albert

City of San Diego

Date 1-2-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bessie L. Albert 206346

in a Double Depth "B" (Type of Burial Container) Funeral, date, time Tues. Jan 8th 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 2 Blk/Row _____ Lot 39 Grave 3

Grave space & Care Fund E-2089 (1981)	Ø
Overtime/Late Arrival Fees E-19199	
Opening/Closing & Setup	
Burial Container	
Handling Fees Paid 6-30-05 Year End	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	Ø
Paid receipt number N/A	—
Balance due	Ø

I hereby certify I am the 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 20543

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 in grave of gregory albert

Date 1-2-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bessie L. Albert 206346

in a Double Depth "B" (Type of Burial Container) Funeral, date, time Tues. Jan 8th 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 2 Blk/Row _____ Lot 39 Grave 3

Grave space & Care Fund E-2089 (1981)	Ø
Overtime/Late Arrival Fees E-19199	
Opening/Closing & Setup	
Burial Container	
Handling Fees Paid 6-30-05 Visa Credit	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	Ø
Paid receipt number N/A	—
Balance due	Ø

I hereby certify I am the 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 See attached

X Address

X City Zip Code

X Telephone

Invoice # _____

Acct. # _____

Work Order # E 20543

This information is available in alternative formats upon request.

Yes (Res) arrival 3:30 per Kevin/Warner

E20543

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GREGORY B. ALBERT 229141

in a DD crypt "A" (Type of Burial Container) Funeral, date, time monday June 27th, 1:00 p.m

Church, Chapel, Graveside Phillips Temple : Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00

will be applied and billed to undersigned. X Jackie Albert

Division 12 Section 2 Blk/Row _____ Lot 39 Grave 3

Grave space & Care Fund E-2089 (1981)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container DD crypt A	418.00
Handling Fees	357.00
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	50.00
Sales taxes	32.40
Total Due	$ 1,265.40
Paid receipt number R-58995	1,265.40
Balance due	Ø

PAID JUN 23 2005

mort. to pay MOUNT HOPE CEMET

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. 229142

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

X Bessie L. Albert Signature

X BESSIE R. ALBERT Print Name

X 5020 LISE AVE Address

X SAN DIEGO, CA 92102 City Zip Code

X 619-263-0877 Telephone

Billed family 6-28-05 late arrival fee Rd 6-30-05 Visa

Invoice # _____

Acct. # _____

Work Order # E 19199

REA-104 (3-04)

This information is available in alternative formats upon request.

E20543

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ingrave w/ gregory albert

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

Interment Date: 1-8-08 Time: 10:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 39 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

E20543

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 79

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BESSIE	REE	ALBERT	12/02/1928	01/02/2008	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	JACQUELINE ALBERT, DAUGHTER 1918 SULLIVAN DRIVE DOTHAN, AL 36303

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 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): Sienrika Brown 8B. DATE SIGNED: 1/8/08

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	01/08/2008	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-8-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Tanner	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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

Disinterment

City of San Diego

Date 1-3-2008

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

in a _____ (Type of Burial Container) Funeral, date, time 1-3-08 Thurs.

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 2672 Grave 1

Grave space & Care Fund E-001198

Overtime/Late Arrival Fees ..... Disinterment 660.00

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees .....

Sales taxes .....

PAID

JAN - 3 2008

MOUNT HOPE CEMETERY

Total Due 660.00

Paid receipt number R-60606 660.00

Balance due ∅

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

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

X Chiyoko Kobayashi
Signature

CD 60105626
Senior ID 11-10-16

N.R.

Chiyoko Kobayashi
Print Name

35765 Ballantine Pl
Address

Fremont, CA 94536
City Zip Code

510-797-8805
Telephone

Invoice # _____

Work Order # E 20544

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Cell 510-857-3901

E20544

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-3- 1980

CHARGE Chiyoko Kobayashi

ADDRESS 624 So. 46th St. S.D. 92113

NAME OF DECEASED EICHI KOBAYASKI (Ashes)

OWNER

ADDRESS

MORTUARY Lewis - Ben Booth

LOT 2672 GR ROW SEC DIV 10

OPENING TIME 10:00 hrs DAY FRIDAY DATE 3-14-80

VAULT Ash SIZE

REMOVAL OR FOUNDATION VET.

TOTAL $ 58.30

PAID RECEIPT NUMBER 28193

BALANCE

1/3/2008 Disinterment of Ei Chi Kobayashi SEE copy of E-20544 Refund for MS. Kobayashi has 2nd interent. will be buried elsewhere DP # 42 of 613

will call regarding [illegible]

Date & time

Intern Left Side

Charge on Day of Service

Pre-Need Pd. on [illegible]

PAID
MAR 13 1980
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

AUTHORIZED IN PERSON PHONE BY Nancy C Menasside

ORDER TAKEN BY Wallace

W.O. NO. E001198

INVOICE NO. Cash

PR-974 (REV. 9-78)

E20544

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF EICHI KOBAYASHI

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of EICHI KOBAYASHI 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 EICHI KOBAYASHI 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 EICHI Kobayashi is identified as:

Lot 2672 Grave Section Division 10

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

X Chiyoko Kobayashi	X wife
SIGNATURE(S)	RELATION TO DECEASED

Senior CD 60105626

11-10-16

WITNESSED BY

1-3-2008

DATE

E20544

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 UNIT

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: EICHI KOBAYASHI

Interment Date: 1/3/2008 Time: "NOW"

Div: 10 Sect: _____ Blk/Row: _____ Lot: 2672 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

E20545

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

E20546

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

E20547

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

E20548

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

E20549

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

E20550

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

E20551

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

E20552

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

E20553

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

E20554

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

E20555

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

E20556

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

E20557

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

E20558

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

E20559

NOT INCLUDED

IN THIS SPINDLE:

E20500_E20599

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 1-3-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rifkat Sadounikov 231331th

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Mon. Jan 7th 11:00

Church, Chapel, Graveside armenia ; Mayer Mortuary. Fax 619-251-7587

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

will be applied and billed to undersigned. _____

Division 5 Section 4 Blk/Row _____ Lot 23 Grave 6

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number AP070114	2,000.00
Balance due	1896.77

PAID
JAN - 3 2008
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. 231330 Ford

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

x _____ Signature

x VLAD SADOUNIKOV Print Name

x 6824 HYDE PARK DRIVE Address

x SAN Diego CA 92119 City Zip Code

x (619) 884-2788. Telephone

Invoice # _____

Work Order # E 20560

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20560

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: Rifkat Sadounikov

Interment Date: 1/7/08 Time: 11:00 Church

Div: 5 Sect: 4 Blk/Row: ____ Lot: 23 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

E20560

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

63

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RIFKAT	-	SADOVNIKOV	11/22/1944	01/02/2008	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	VLAD SADOVNIKOV, SON 6824 HYDE PARK DR. #C SAN DIEGO, CA 92119

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	FD1424	▶	01/04/2008

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	01/04/2008	▶ 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 CEMETRY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 1-7-2008	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 1-3-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christian Fugua (infant) 231333

In a _____ (Type of Burial Container) Funeral, date, time Jan 7th Monday 2:00 pm

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 770 Grave 1

Grave space & Care Fund	142.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.-
Burial Container	99.-
Handling Fees	36.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-60618	527.67
Balance due	0

PAID
JAN - 4 2008
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.

231332

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

X
Signature

X LaVonne Lira
First Name

X 575 60th St
Address

X SAN DIEGO 92114
City Zip Code

X
Telephone

Invoice # _____

Work Order # E 20561

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20561

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH N/A

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

Burial Container _____

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Christian Fuqua (infant)

Interment Date: Mon 1/7 Time: 2 pm

Div: 9 Sect: 1 Blk/Row: ____ Lot: 770 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

E20561

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHRISTIAN	JOHN	FUQUA	07/11/2007	12/28/2007	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	LAVONNE LIRA, MOTHER 575 60TH ST. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
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	01/04/2008	▶ 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
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 1-7-2008	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE	

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 1-3-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Norma Jones 231328

in a Tu Vault (Type of Burial Container) Funeral, date, time Monday Jan. 7th 11:00

Church, Chapel, Graveside _____ Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row ~ Lot 75 Grave 3

Grave space & Care Fund	1182.—
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	82.50
Sales taxes	1376
Total Due	1,931.26
Paid receipt number AP 040254	1,931.26
Balance due	0

PAID
JAN - 3 2008
MOUNT HOPE CEMETERY

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

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

Signature

X Minnie McCue 231327
Print Name

X 5852 Duluth Ave
Address

San Diego Calif 92114
City Zip Code

X 619-262-7913
Telephone

COLN7732837
209

Invoice # _____

Work Order # E 20562

Acct. # _____

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

© Printed on recycled paper

E20562

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

	CHARLIE LUCKEY		X	HARRISON COLEMAN		
		AMANDA PUGH	OSCAR JORDAN			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Norma Jones

Interment Date: 1/7/08 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 75 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

E20562

CALIFORNIA

IDENTIFICATION CARD

EXPIRES 08-18-05 C1937414

NORMA JEAN JONES
5852 DULUTH AVE
SAN DIEGO CA 92114

SEX:F HAIR:BLK
HT:5-04 WT:135 DOB:08-18-55

01/22/2000 506 17 FD/05

E20562

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: Norma Jones

Address: 5852 Duluth Ave

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.

Signature: [signature] Relationship: Son Date: 12/3/07

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: 1/03/08

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

E20562

*** REC 2008003 161435 H93121E0 F2WI CIPQYA5 PQA5 (F-HLC) ***

SOCIAL SECURITY ADMINISTRATION

Date: January 3, 2008
Claim Number: 552-94-0409A
552-94-0409DI

SHALIMAR JACKSON FOR
NORMA J JONES
6392 LAKE ARIANA
SAN DIEGO CA 92119-3433

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 2007, the full monthly
Social Security benefit before any deductions is.....$ 301.00

We deduct $0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....$ 301.00
(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.

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 619-440-6920. 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
846 ARNELE AVE
EL CAJON, CA 92020

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

OFFICE MANAGER

E20562

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NORMA	JEAN	JONES	08/18/1955	12/30/2007	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 MESA	SAN DIEGO	SHALIMAR JACKSON, SON 6392 LAKE ARIANA SAN DIEGO, CA 92119

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 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: Sienoka [illegible] 8B. DATE SIGNED: 1/4/08

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	01/03/2008	▶ 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 IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-7-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman [illegible]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE	

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

AT NGGH
INFANT - SAT AM

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HIRAM ABIV GARCIA (INFANT) 231341

in a SIZE 00A (Type of Burial Container) Funeral, date, time JAN 12 - 11:30 SAT

Church, Chapel, Graveside 11:30 10:30 BERGE ROBERTS Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 355

will be applied and billed to undersigned.

Division 9 Section 1 Blk/Row Lot 1 Grave 1

Grave space & Care Fund	142 -
Overtime/Late Arrival Fees SAT.	355 -
Opening/Closing & Setup	178 -
Burial Container	99 -
Handling Fees	36 -
Flower vases - Marker setting fee	33.09
Recording/Filing/Transfer Fees	65 -
Sales taxes	7.67
Total Due	915.76
Paid receipt number Visa Exp 8/10	915.76
Balance due	0

PAID FEE
JAN - 7 2008
MOUNT HOPE CEMETERY

WO 6078

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.

231340

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

Signature

BONIFACIO GARCIA
Print Name

6909 ALCONA ST #4
Address

SAN DIEGO CA 92139
City Zip Code

(619) 8233709
Telephone

PHONE CK CD

Invoice #

Work Order # E 20563

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

CASKET 11½" L

L 24" W 11" H 9" SIZE 00A

E20563

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 1/4/08

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

[X] MORTUARY NAME: Berge-Roberts MORTUARY

[ ] FAMILY MEMBER/REPRESENTATIVE Andrea

CONTACT PERSON: ADA & ~~BONIFA~~ (Consulor)

TELEPHONE NO: BONIFACIO ~~CHO~~ GARCIA

6909 ALCONA ST. #4 S.D. 92139

NAME OF DECEASED: small infant 619-823 0785

LAST NAME:

FIRST NAME: HIRAM ~~ABIV~~ ABIV GARCIA

DOD: DOB:

VETERAN [ ] BRANCH OF SERVICE:

[ ] REGULAR SIZE CASKET [ ] OVERSIZE [ ] CHILD

FUNERAL SERVICE

TYPE OF SERVICE: [X] CHURCH [ ] CHAPEL [ ] GRAVESIDE

LOCATION OF SERVICE: 10:30 BONITA

DATE OF SERVICE: JAN 12 TIME OF SERVICE: 11:30.

EXPECTED ARRIVAL TIME AT MT. HOME: 11:30

CEMETERY PROPERTY: [ ] 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 [X] GRAVESIDE

[ ] WITNESS ONLY [ ] DELIVERY ONLY

[ ] P/A DELIVERY [ ] MILITARY DETAIL

SPECIAL INSTRUCTIONS: $701.31 NON RES

$527.67 Res.

DIV. 9-1

E20563

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 00A

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Hiram A. Garcia (infant)

Interment Date: Jan 12th Time: 11:30 Sat.

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

E20563

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
Hiram	Abiv	Duran-Garcia

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M			01/02/2008

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
San Diego	San Diego

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Bonifacio Garcia	Father	El Camino Memorial-N.C. 607 National City Blvd. National City, CA 91950 C. Grier	fd-284 2800044

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
6909 Alconia St. #4 San Diego CA 92139

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103065.

9A. APPLICANT SIGNATURE ▶ Carla Grier

9B. DATE SIGNED 01/09/2008

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in 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.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/09/2008	▶

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
Vital Records...P.O. Box 85222 San Diego, CA 92186-5222	-----

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

- ☒ A. BURIAL OR SCATTERING IN A CEMETERY (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 OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	12B. DATE BURIED: 1/12/08	12C. INTERMENT NUMBER—IF APPLICABLE:
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING: ▶ Kenneth Collins	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶	
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶	15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL: ▶	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.* *

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

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED *

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT *

* 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 1/4/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOIS ALLEN 206362 jan.

in a LINER (Type of Burial Container) Funeral, date, time Thurs 10th 11:00 JM

Church, Chapel, Graveside _____ MAYER Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 136 Grave 3

Grave space & Care Fund	E-15060	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	E-15060	
Balance due		0

Pat Brianna 619 281 7581 619-281-7055

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 20564

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20564

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 1/4/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOIS ALLEN Jan.

in a LINER (Type of Bank Container) Funeral, date, time Thurs 10th 11:00

Church, Chapel, Graveside MAYER Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 3 Bldg/Row _____ Lot 136 Grave 3

Grave space & Care Fund E-15060 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 E-15060 —

Balance due 0

Full Briana 619 281 7581 619-281-7055

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

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

X [signature] DPA
Signature

X Briana Brettillo / Deputy Public Administrator
Bill Name

X 5201A Ruffin Rd
Address

X San Diego, CA 92123
City Zip Code

X (858) 694-3531
Telephone

Invoice # _____

Work Order # E 20564

Rect. # _____

REA-104 (3-96)

This information is available in alternative formats upon request.

JAN. 9. 2008 1:27PM MORTUARY SERVICES NO. 398 P. 1

E20564

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 Lmer

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Lois Allen

Interment Date: 1/10/08 Time: AYD

Div: 12 Sect: 3 Blk/Row: ____ Lot: 136 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

E20564

PRE-NEED LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-20-99

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

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

Church, Chapel, Graveside ; MAYER 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 136 Grave 3 Row Section 3 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number 51208	1664.73
Balance due	0

PAID IN FULL 06/03/99

KATHERINE HOWARD P.A.

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 pel attached
Signature

X Address

X City Zip Code

X Telephone

Invoice #

Work Order # E 15060

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20564

PRE-NEED LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-20-99

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

in a _____ Type of Bldg. Container _____ Funeral date, time _____

Church, Chapel, Graveside MAYER 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 136 Grave 3 Row _____ Section 3

Grave space & Care Fund

Additional _____

Opening	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
KATHERINE HOWARD P.A	1664.73

Balance due

I hereby certify _____ of the above name, deceased, and this is your _____ and represent that I have the _____ Mt. Hope Cemetery harmless from any liability for a _____

I hereby authorize the interment in lot _____ hold under deed

Signature of recorded holder of deed

Signature Katherine Howard Deputy Public Guardian Conservator for Lois Allen Conservatee

Address X 5201-A. Ruffin Rd

City X San Diego 92123 Zip Code

Telephone X 619 694-3500

Invoice # _____

Work Order # E 15060

Acct # _____

AS# 104 (7-96)

This information is available in alternative formats upon request.

E20564

51208

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-3 19 99

From: County of SD Address: 5201-A Ruffin Rd. SD 92123

One thousand six hundred sixty four 73/100 Dollars ($ 1664.73)

In full Payment of pre need lot & trust

Lot 136 Grave 3 Row Section 3 Division/Block 2

Invoice No.

Acct. No.

W.O. E150060

BALANCE DUE

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

AC-212 (Rev. 5-94) 194596

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

ISSUED BY Cathina Avallone

CREDIT 20% Sales Care	67007 77184	179	00
80% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77187	140	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	68033 9022		
Sales Tax	60101 78300	14	73
TOTAL PAID	$	1664	73

E20564

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 66

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOIS	LOUISE	ALLEN	07/17/1941	12/24/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	BRIANA BRETTILLO, DEPUTY PA 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	FD1424	▶ Briana Brettillo	01/08/2008

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	01/09/2008	▶ 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)

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 92101	11B. DATE BURIED 1/10/08	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 1-7-2008

Pin: 231337

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jacquelyn Raye King

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Weds Jan 9th 2008 10:00

Church, Chapel, Graveside _____ ; Rosedale Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row ~ Lot 79 Grave 9

Grave space & Care Fund E-101168	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	1,632.77
Paid receipt number R-60619	1,632.77
Balance due	Ø

PAID
JAN - 7 2008
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.

*Rachel McGill
Signature

*Rachel McGill 213375
Print Name
4933 Dafter Drive
Address
San Diego, CA 92102
City Zip Code
619-262-2902
Telephone

Invoice # _____

Work Order # E 20565

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20565

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: Jacquelyn R. King

Interment Date: 1/9/08 Time: 10:00 Am

Div: 11 Sect: 1 Blk/Row: ~ Lot: 79 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

E20565
2168
1961
47
H6

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JACQUELYN	RAYE	KING	03/29/1961	01/02/2008	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	RACHEL MCGILL, MOTHER 4933 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
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 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: ▶ Siennika Bryan 8B. DATE SIGNED: 1/7/08

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	01/07/2008	▶ 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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-9-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-7-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JESUS DG LA CRUZ 2254197

in a DD (Type of Burial Container) Funeral, date, time FRI 1-11-08 2 PM

Church, ~~Chapel~~, Graveside _____ ; Conrad Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 5010 Grave 1

Grave space & Care Fund E8780 E7497 E10034	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 PAID	
Balance due	0

PAID
JAN 11 2008
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.

231339

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

Signature

Leo De La Cruz
Print Name

7014 San Miguel Ave
Address

Lemon Grove Ca 91945
City Zip Code

619-460-9728
Telephone

Invoice # _____

Work Order # E 20566

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

5088 420-9922 E20560

De La Cruz, Jesus & Norah — ACCT. NO. E-7497

ADDRESS 7014 San Miguel, Lemon Grove, Ca 92045 — RATING — LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
88	Lot 5010, Division 10	695 00			
88	Receipt 36347			28 00	667 00
88	Receipt 36468			28 00	639 00
88	Receipt 33608, Coupon 3			28 00	611 00
88	Receipt 36253, Coupon 4			28 00	583 00
88	Receipt 36898, Coupon 5			28 00	555 00
88	Receipt # 37020, Coupon # 6			28 00	527 00
88	Coupon 7, Receipt 37126			28 00	499 00
88	Coupon 8, Receipt 37205			28 00	471 00
89	Coupon 9, Receipt 37436			28 00	443 00
89	Coupon 10, Receipt 37575			28 00	415 00
89	Coupon 11, Receipt 37724			28 00	387 00
89	Coupon 12, Receipt 37887			28 00	359 00
89	Coupon 13, Receipt 38224			28 —	331 00
89	Coupon 15, Receipt 38473			28 —	303 00
89	Coupon 16, Receipt 38020			28 00	275 00
89	Coupon #17, Receipt 38512			28 00	247 00
89	Coupon #18, Receipt 38609			28 —	219 —
89	Coupon #14, Receipt 38368			28 —	191 00

FORM NO. 25-204 — De La Cruz, Jesus & Norah — 5010 - 10 — PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/17/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus - Norah De La Cruz in a F. Hunt Duke Burt Vault/Liner Funeral, date, time Chapel 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 5088 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need (E-8780)

Additional spaces and care fund (6-1-92 Upgraded to Double Deep) Burial (6/92) - 350.00

Opening/Closing & Setup 2 @ 380 330 - 390.00

Burial Container ..... 320 -

Handling Fees .....

Flower vases - Marker setting fee 90

Recording and filing fee 2 @ 45 45.00

Sales taxes 25.50

Total Due 485.50

Paid receipt number 6/23/88 Balance due _____

FILE

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.

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

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

Signature of recorded holder of deed _____

Invoice # _____

Acct. # _____

Work Order # E 10034

PY-503 (REV. 8-86)

Pre-Need Paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-23-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus De La Cruz

in a _____ Vault/Liner _____ Funeral, date, time _____ Mortuary.

Church, Chapel, Graveside _____

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 5010 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Grave space & Care Fund 695.00

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 695.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7497

PY-893 (REV. 8-85)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11833

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

O Jesus & Norah DeLa Cruz for the sum of $ 695.00 (DOLLARS)

EGAL DESCRIPTION Lot 5088, Division 10

S DESCRIBED ON PURCHASE ORDER NUMBER E-8780

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

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

Wendy Jo Teague
Cemetery Manager

Chea Kullman
Property Director

PY-894

E20566

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

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Jesus de la Cruz

Interment Date: 1/11/08 Time: 2:PM

Div: 10 Sect: _____ Blk/Row: _____ Lot: 5010 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

E20566

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
DE LA CRUZ JESUS	RA39 293 897	Pvt	M P	RA-15 Mos

6. ORGANIZATION	7. DATE OF SEPARATION	8. PLACE OF SEPARATION
Gd & Esc Det 6200 ASU Cp McQuaide Calif	4 Mar 1947	Ft Ord Calif

9. PERMANENT ADDRESS FOR MAILING PURPOSES	10. DATE OF BIRTH	11. PLACE OF BIRTH
[redacted]86 Irving Ave San Diego Calif	8 Sept 1921	San Diego Calif

12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT	13. COLOR EYES	14. COLOR HAIR	15. HEIGHT	16. WEIGHT	17. NO. DEPEND.
See item nine	brown	black	5' 7"	150 LBS.	One

18. RACE			19. MARITAL STATUS			20. U.S. CITIZEN		21. CIVILIAN OCCUPATION AND NO.
WHITE	NEGRO	OTHER (specify) Mexican	SINGLE	MARRIED X	OTHER (specify)	YES XX	NO	Laborer 590

MILITARY HISTORY

22. DATE OF INDUCTION	23. DATE OF ENLISTMENT	24. DATE OF ENTRY INTO ACTIVE SERVICE	25. PLACE OF ENTRY INTO SERVICE
	1 Dec 1945	1 Dec 1945	England

SELECTIVE SERVICE DATA	26. REGISTERED YES	NO	27. LOCAL S.S. BOARD NO.	28. COUNTY AND STATE	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
					19 Hansley St San Diego Calif

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.	31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.)
Military Policeman 677	Marksman Rifleman M-1

32. BATTLES AND CAMPAIGNS

None

33. DECORATIONS AND CITATIONS

[redacted]ne

34. WOUNDS RECEIVED IN ACTION

None

35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN		
SMALLPOX	TYPHOID	TETANUS	OTHER (specify)	DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
Aug 45	Apr 45			25 May 1946	USA	7 June 1946

37. TOTAL LENGTH OF SERVICE						38. HIGHEST GRADE HELD
CONTINENTAL SERVICE			FOREIGN SERVICE			
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
0	8	8	0	6	6	Private

39. PRIOR SERVICE

US Army 2 years 7 months 17 days

40. REASON AND AUTHORITY FOR SEPARATION

AR 615-360 Expiration of Term of Service

41. SERVICE SCHOOLS ATTENDED	42. EDUCATION (Years) Grammar	High School	College
[redacted]ne	8	1	0

PAY DATA

9864

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT			
8	10	21	$None	$None	None	$ 24.85	24.85 LEE R WOODS Jr Lt Col FD

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-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			49. HOW PAID		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		
Nat. Serv.	U.S. Govt.	None	Allotment	Direct to V. A.				Continue	Continue Only	Discontinue
X			X		28 Feb 1947	31 Mar 1947	$ 6.60		$	X

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
No absence AW 107
Recommended for further Military Training

56. SIGNATURE OF PERSON BEING SEPARATED

[redacted] Jesus De La Cruz

57. PERSONNEL OFFICER (Type name, grade and organization - signature)

R W JUILFS CWO USA
ASSISTANT ADJUTANT

R W Juilfs

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.

Army of the United States

Honorable Discharge

This is to certify that

JESUS DE LA CRUZ RA39293897

Private

Guard and Escort Detachment 6200 Army Service Unit

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 Fort Ord California

Date 4 March 1947

Albert J. McCurdy Jr

ALBERT J MCCURDY JR
Lieut Colonel Cavalry

Lots 5077 t[illegible] 5088 DIVISION 10 E20566

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	F
5077	Dimry, Cecil Allen	Dimry, Charles L.	10/06/1989	$695.	10/10/1989	E-8322	Top Sea
5078	AGAMIRZOYAN, SUREN THOMAS	PETROSYAL, MILENA	08-29-1996	$1095.	08-31-1996	E-13164	LINER
5079		MILENA, PETROSYAN & AGAMIRZOYAN, STELLA	09-06-1996	$1095.		E-13176	
5080	KUZIN, TATIANA	Ballman, Vera	05-22-95	$1095.	10-24-97	E-13899 E-12258	Over
5081	PETROWSKY, EUGENIA	Eugenia Petrowsky	5/22/95	$1095	12-23-99	E-15403 E-12257	OVER Li
5082	TSATURYAN ELINA	MARINA BALABEKIAN	04 07 2003	1095 00	04 09 2003	E-17683	liner
5083		MARINA BALABEKIAN	09/28/05	$1095.00		E-17740	liner
5084	RENE, Tennessee C. L.	BURNS, Lallene C.	7/22/1978	350.00	02/07/1986	E-5705 D-9451	
5085	White, Anthony	Burns, Lallene C.	03/28/1988	$695.	03/30/1988	E-7314	T.S. Vau
5086		Apodaca, Josephine & Wm.	1-2-92	$895.		E-9870	Deed #119
5087	not usable						
5088	not usable	~~DeLaCruz, Norah & Jesus~~	~~4-2-92~~	~~$695.~~		~~E-8780~~	(OVER)

TAYLOR SYSTEM OF CEMETERY RECORDING

1-31-97 Pre-need Lot & Trust paid in full for Tatiana Kuzin (mother). Trust includes Opening/Closing, Handling Fee, Liner, Recording fee and tax on liner.

:-Need Trust **PAID IN FULL E-12257** Trust: O/C; Liner;Handling Fee;Recording Fee; Tax on Liner.

6-1-92

1-92: DeLaCruz returned lot to cemetery for credit on pre-need trust of double depth crypt on lot 5010, div 10. See W.O. E-10034

E20566

SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0142

STATEMENT OF DEATH BY FUNERAL DIRECTOR

NAME OF DECEASED	SOCIAL SECURITY NUMBER
JESUS DE LA CRUZ	571-07-5555

FOR SSA USE ONLY

Please complete the items below, and return the form in the enclosed addressed, postage paid envelope. Your assistance and cooperation are appreciated.

PRIVACY ACT/PAPERWORK ACT NOTICE: The information on this form is authorized by Section 404.715 and 404.720 of the Federal Regulations (20 CFR 404.715 and 404.720). While your response is voluntary, we need your assistance to make an accurate and timely determination concerning the death of the individual named above, and to determine if there are survivors who may be eligible for Social Security benefits.

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

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

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3.5 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001.* ***Send only comments relating to our time estimate to this address, not the completed form.***

1. NAME OF DECEASED		2. SOCIAL SECURITY NUMBER
JESUS DE LA CRUZ		571-07-5555
3. DATE OF DEATH	4. DATE OF BIRTH *(if known)*	5. Check (x) whether the deceased was
01/06/2008	09/08/1921	☒ Male ☐ Female

6. NAME OF WIDOW OR WIDOWER *(if known)*

Norah De La Cruz

7. ADDRESS (No. and Street, P.O. Box) OF WIDOW OR WIDOWER *(if known)*

7014 San Miguel Avenue

CITY	STATE	ZIP CODE	TELEPHONE NUMBER (if Available)
Lemon Grove	CA	91945	*(area code)*

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

NAME AND ADDRESS OF FUNERAL DIRECTOR OR FIRM	SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE	
Conrad Lemon Grove Mortuary 7387 Broadway Lemon Grove, CA 91945-1533	Janet Soares	
	TELEPHONE NUMBER (area code) (619) 460-4601	DATE 1/7/08

FOR SOCIAL SECURITY USE ONLY - DO NOT WRITE IN THIS SPACE

DO Processed (Date)

E20566

UNION BANK OF CALIFORNIA

DURABLE/NON-DURABLE POWER OF ATTORNEY AGREEMENT

NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY

A durable power of attorney is an important legal document. By signing the durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

- Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing.
- This document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your agent borrows money on your behalf.
- Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you provide otherwise in this power of attorney.
- The powers you give your agent will continue to exist for your entire lifetime, unless you state that the durable power of attorney will last for a shorter period of time or unless you otherwise terminate the durable power of attorney. The powers you give your agent in this durable power of attorney will continue to exist even if you can no longer make your own decisions respecting the management of your property.
- You can amend or change this durable power of attorney only by executing a new durable power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this durable power of attorney at any time, so long as you are competent.
- This durable power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the signing of the power of attorney or (2) the principal's signing or acknowledgment of his or her signature. A durable power of attorney that may affect real property should be acknowledged before a notary public so that it may easily be recorded.

You should read this durable power of attorney carefully. When effective, this durable power of attorney will give your agent the right to deal with property that you now have or might acquire in the future. The durable power of attorney is important to you. If you do not understand the durable power of attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.

I understand the Notice above is required by law. This form does **not** grant the wide range of powers listed in the Notice.

Name of Principal Varah De La Cruz — Date: 9-15-2000

By Leo De La Cruz — SIGNATURE-ATTORNEY-IN-FACT

Attorney-In-Fact must complete these two lines exactly as checks will be signed.

Above is the signature of LEO DE LA CRUZ who is authorized to transact all business relating to each of my accounts that I have listed on the reverse. The authority of my Attorney in Fact to conduct all business pertaining to my account(s) includes (but is not limited to) authority to continue, change, and terminate the account relationship; sign and deliver checks and other orders drawn on the account; endorse and deposit to the account checks and other orders; and withdraw by check or other order funds in my account. If my account is a time deposit, the authority applies to all renewals of the account, including renewals changing the term, the amount, or the account number of the deposit. If my account is a safe deposit box, authority includes access to my safe deposit box and removal of any contents. This authorization will exist until written notice of termination of such authority is given to the office of the listed account(s), or upon my death.

I have checked one of the boxes below to indicate my choice of power of attorney. If no box is checked, this will be considered a non-durable power of attorney.

☒ **DURABLE** I want this to be a durable power of attorney. This means it will continue to exist in spite of my later disability or incapacity.

☐ **NON-DURABLE** I want this to be a non-durable power of attorney. This means it will expire when the bank is notified of my death or incapacity.

Signatures witnessed by:

SIGNATURE OF SIGNATURE

BANK EMPLOYEE SIGNATURE

X SIGNATURE OF ACCOUNT HOLDER

X SIGNATURE OF ACCOUNT HOLDER

This Authorization is terminated.

X SIGNATURE OF ACCOUNT HOLDER — DATE

ORM 00060 (Rev. 1/97) 7Y

E20566

Accounts covered by this Power of Attorney are (list account number):

CHECKING/SAVINGS/MONEYMARKET		TIME DEPOSIT	SAFE DEPOSIT
0091095380			

ATTORNEY-IN-FACT	
STREET ADDRESS, APT.	7014 SAN MIGUEL AVE
CITY, STATE ZIP CODE	LEMON GROVE CA 91945
MAILING ADDRESS	
HOME PHONE BUSINESS PHONE	(619)460-9728
BIRTH PLACE BIRTH DATE	SAN DIEGO CALIFORNIA 12-17-1925
MOTHER'S MAIDEN NAME	CORONA

Complete if not witnessed by two Bank employees.

State of _____)
County of _____)

On _____ before me, _____,

a Notary Public for the State of _____, 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.

Signature _____ (Seal)

REVIEWED BY	
AUTHORIZED SIGNATURE	DATE 9.15.00

E20566

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JESUS	-	DE LA CRUZ	09/08/1921	01/06/2008	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	LEO DE LA CRUZ, BROTHER 7014 SAN MIGUEL AVENUE LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY LEMON GROVE, CA 91945-1533	FD 941	▶ [signature]	01/11/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	01/11/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-14-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need trust

Date 1/7/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Monnie Fifer 207876

in a Liner 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 10 Section ~ Blk/Row ~ Lot 3142 Grave 1

Grave space & Care Fund		~~0~~
Overtime/Late Arrival Fees		—
Opening/Closing & Setup		533.–
Burial Container	355–	~~270.–~~ PC
Handling Fees	268.–	~~206.–~~ PC
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		65.–
Sales taxes	27.51	~~20.93~~ PC
Total Due	1243.51	~~1,094.93~~ PC
Paid receipt number P-01098		~~598.–~~
Balance due		~~496.93~~ PC 545.51

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 See Attached Zip Code

Telephone _____

Invoice # _____

Work Order # E 20567

Acct. # _____

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

Printed on recycled paper

Mailed Coupons on 1/8/08

E20567

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need trust

Date 1/7/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Monnie Fifer 207876

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 3142 Grave 1

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	1,094.93
Paid receipt number P-01098	598.-
Balance due	496.93

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.

Monnie Fifer
Signature

Monnie Fi Fer
Print Name

Monnie Fifer
Address

3721 41st
City

San Diego Cal 92105
Zip Code

Telephone

Invoice #

Work Order # E 20567

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

E20567

Anderson-Ragsdale Mortuary
5050 Federal Blvd
San Diego, Ca 92101
619-263-3141

December 31, 2007

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

Re: Property of Monnie Fifer

Enclosed you will find a check in the amount of $598 to be paid towards the amount of $1094.93 for O/C and Liner for the grave of Ms Monnie Fifer.

Please mail the receipt to her with a payment schedule for the remaining balance.

Monnie Fifer
P.O. Box 5284
San Diego, CA 92165
(residence: 3221 41st St, San Diego, CA 92105)

Thank You for your assistance in this matter

Kevin Weaver
General Mgr.

DIV 10 3140, 3141 or 3142

PAID
JAN - 3 2008
MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 1-8-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ida Haynes 231338 1:00

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Friday Jan 11, 2008

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 1 Grave 11

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number R-60626	3,896.77
Balance due	Ø

PAID
JAN - 8 2008
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.

230636

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

Robert L. Haynes Sr.
Print Name

Robert L. Haynes Sr.
Signature

136 N. Royal Oak Dr SD 92114
Address

City Zip Code

Telephone

Paulette

Invoice # _____

Work Order # E 20568

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20568

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: Ida Haynes

Interment Date: 1/11/08 Time: 1-11-2008 1:00pm

Div: 12 Sect: 2 Blk/Row: ____ Lot: 1 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

E20568

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
IDA	B.	HAYNES	03/24/1936	01/02/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	ROBERT HAYNES SR, HUSBAND 136 ROYAL OAKS 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
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 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): ▶ Sienna Kopor — 8B. DATE SIGNED: 1/8/08

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	01/08/2008	▶ 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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-11-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jamal Eugene Gordon-Hill

in a DD Crypt (Type of Burial Container) Funeral, date, time Mon, Jan 14

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 47 Grave 4

E-4626

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup Disinterment	1,419.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	130.00
Sales taxes	41.77
Total Due	2,583.77
Paid receipt number _____	
Balance due	

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

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

_____ Signature

_____ Print Name

_____ Address

_____ City Zip Code

_____ Telephone

Invoice # _____

Work Order # E 20569

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

Date 1/11/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Flor Dovensky and heirs

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division MAS Section A Blk/Row _____ Lot 53 Grave 9

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	2,264.00
Paid receipt number AP0159B	452.80
Balance due	1,811.20

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

229300

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

Maria Flor Dovensky (Signature)

Maria Flor Dovensky (Print Name)

5550 Balboa Arms Dr 57 (Address)

San Diego, CA 92117 (City, Zip Code)

858 277-2943 (Telephone)

Invoice # _____

Work Order # E 20570

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20571

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/9/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jamal Eugene Gordon-Hill 231343

in a Liner (Type of Burial Container) Funeral, date, time Mon. Jan 14 @ 11:00am

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

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

will be applied and billed to undersigned. X _____

Division 12 Section 2 Blk/Row _____ Lot 77 Grave 1

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 R-60629	3536.93
Balance due	Ø

PAID

JAN 11 2008

MOUNT HOPE CEMETERY

Mortuary to pay

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

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

X _____ Signature

X See attached Print Name

X _____ Address

X Pin 231342 City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 20571

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20571

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/9/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jamal Eugene Gordon-Hill in a Liner (Type of Burial Container) Funeral, date, time Mon. Jan 14 @ Church, Chapel, Graveside ; CA Burial Mortuary.

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

Division 12 Section 2 Blk/Row ____ Lot 77 Grave 1

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	
Balance due	

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

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

X [signature] Signature

X Jeanette Benyard Print Name

X 5880 El Cajon Blvd. Address

X San Diego, CA 92115 City Zip Code

X 619-234-3272 Telephone

Work Order # E 20571

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Church Service monday at 11:00 A.M interment will Be approx. 12:30 – 1:30

(mortuary to pay today 1/10/2008)

E20571

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: Jamal E Gordon-Hill

Interment Date: 1/14/2008 Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 77 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

E20571

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

21

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAMAL	EUGENE	GORDON-HILL	08/25/1986	01/03/2008	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	REBA GORDON, MOTHER 221 TREEWOOD 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, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	1/8/08

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	01/08/2008	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)

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 1-14-08	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.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN 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 220331 N.R.

Date 1-11-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marvyn T. & Kazue Murray Pin 226663

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row ~ Lot 156 Grave 2

Grave space & Care Fund		Ø
Overtime/Late Arrival Fees		Ø
Opening/Closing & Setup	2 @ 199.00	398.00
Burial Container	2 @ 104.00	208.00
Handling Fees	2 @ 114.00	228.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	2 @ 85.00	170.00
Sales taxes	2 @ 8.06	16.12
Total Due		1,020.12
Paid receipt number	P-01101	1,020.12
Balance due		Ø

PAID

JAN 11 2008

MOUNT HOPE CEMETERY

I hereby certify I am the Wife/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

Marvyn T. Murray

Print Name

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 20572

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

DP 4208618
1569.45

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

15 CHAIRS
Military honors
NAVY

Date 1-10-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl Philip Burman 207009 130

in a Double Depth "A" (Type of Burial Container) Funeral, date, time Mon 14th Jan. 2008

Church, Chapel, Graveside Featheringill Mortuary Carey

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

will be applied and billed to undersigned. _____

Division B Section 1 Blk/Row ~ Lot 1157 Grave 1

Grave space & Care Fund D-5486	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	717.-
Handling Fees	604.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	55.57
Total Due	2,169.57
Paid receipt number R-60631	2,169.57
Balance due	Ø

PAID
JAN 10 2008
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.

231345

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

Nancy Martell
Signature

Military

Nancy Martell
Print Name

1578 Fairmount Pl
Address

Escondido CA 92027
City Zip Code

760-743-1773
Telephone

Invoice # _____

Work Order # E 20573

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20573

60631

OFFICIAL RECEIPT

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

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

Date: January 10, 2008

From: Nancy E. Martell Address: 1578 Fairmount Place, Escondido, CA 92027-1060

Two Thousand, One Hundred Sixty Nine and 57/00 — Dollars ($ 2,169.57)

in Full Payment of Interment Order of Carl Philip Burman Services.

Div 8 Sec 1 Blk/Row Lot 1157 Grave 1

Invoice No. E-20573

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☑ Check 1823

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

PAID

JAN 10 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	—	
20% Sales Care	77184	—	
80% Sales	100		
of Lots	77184	708.	—
Opening/	100		
Closing	77181	717.	—
Burial	100		
Containers	77182	604.	—
	100		
Handling Fee	77185		
Recording &	100	85.	—
Misc. Fees	77183		
Sales Tax	60101	55.	57
	78390		
TOTAL PAID	$	2169.	57

AC-212A (11-05)

This information is available in alternative formats upon request.

E20573

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-18 19 76

CHARGE C. P. Burman

ADDRESS 3630 Kingsley St. S.D. 92106

NAME OF DECEASED Pre-need

OWNER Carl P. Sr & Lois J. Burman

ADDRESS

MORTUARY

	D. I. P.
LOT 1157 GR ROW SEC 1 ~~BLK~~ DIV 8	300 00
OPENING TIME DAY DATE	
VAULT BOX SIZE	
REMOVAL OR FOUNDATION VET.	
TOTAL $	300 00
PAID RECEIPT NUMBER 22530	
BALANCE	0

12"X 24" flush marker only

PAID
JUN 18 1975
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.

#8011

AUTHORIZED ~~IN PERSON~~ PHONE BY C P Burman

ORDER TAKEN BY K Mell

W.O. NO. D 5956

INVOICE NO. Cash

FORM PR-974 REV

E20573

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. CRYPTA

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Carl P. Burman

Interment Date: 1-14-08 Time: _____

Div: B Sect: 1 Blk/Row: ~ Lot: 1157 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

E20573

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
CARL	PHILIP	BURMAN	10/27/1914	01/09/2008	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	NANCY MARTELL, DAUGHTER 1578 FAIRMOUNT PL. ESCONDIDO, CA 92027

7A. TYPED NAME AND ADDRESS OF 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. Donny	01/14/2008

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	01/14/2008	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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 1/14/08	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. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

10 chairs

Date 1/14/08

231355 shields

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dalazah Thompson 14 Months.

in a O-A (Type of Burial Container) Funeral, date, time Friday Jan. 18th 11:00

Church, Chapel, Graveside ; Bishop Mortuary.

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

will be applied and billed to undersigned. _____

Division 9 Section 2 Blk/Row _____ Lot 496 Grave 1

Grave space & Care Fund	277.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	277.—
Burial Container	135.—
Handling Fees	71.—
Flower vases - Marker setting fee	179.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	10.46
Total Due	1,015.17
Paid receipt number 60635	1015.17
SD COUNTY CAR 27290026 Balance due	0

PAID
JAN 15 2008
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

231354

Print Name See attached

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 20574

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20574

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

10 chairs

Date 1/14/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dalazah Thompson 14 months in a O.A. Funeral, date, time Friday Jan. 18th 11:30 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 9 Section 2 Blk/Row _____ Lot 496 Grave 1

Grave space & Care Fund	277.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	277.—
Burial Container	136.—
Handling Fees	77.—
Flower space Marker setting fee 65.71 * 114.00	179.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	10.46
Total Due	1015.17

Paid receipt number _____

Balance due _____

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

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

Laurie R. Haymon
Signature

Laurie R. Haymon
Name
278 Winewood St
Street
San Diego 92114
City
Zip
(619) 787-7339
Telephone

Invoice # _____

Work Order # E 20574

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E20574
Res 10 Charts

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 1/9/08

CALL TAKEN BY: Paulette

Friday 18th 11:00 am
Pick 789 grace

RECEIVED CALL FROM:

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

NAME OF DECEASED: 14 Months

LAST NAME: Thompson
FIRST NAME: Dalanzah INITIAL:
D.O.D. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: x x

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

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

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

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

SPECIAL INSTRUCTIONS: COST Estimate given to family member.

Judy Phoroh Social Worker

E20574

10 chairs

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: Dalazah Thompson

Interment Date: Friday 18th Time: 11:00

Div: 9 Sect: 2 Blk/Row: — Lot: 496 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Maps: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20574

0.*

277.00+
277.00+
135.00+
71.00+
65.71+
114.00+
65.00+
10.46+
1,015.17*+

0.*

E20574

THE CITY OF SAN DIEGO

January 9, 2008

To whom this may concern, this is the total cost of an infant burial at Mount Hope Cemetey.

RESIDENT FEE FOR INFANT BURIAL

Grave Space	$277.00
Opening/Closing & Setup	$277.00
Burial Container	$135.00
Handling Fees	$ 71.00
Flower Vase	$ 65.71
Marker Setting Fee	$114.00
Recording/Filing Fees	$ 65.00
Sales Tax on Burial Container	$ 10.46
Total Cost of Infant Burial	**$1,015.17**

DIV 9-2

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

E20574

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DALEZAH	MARIE	SHIELDS	10/13/2006	01/06/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	BISHOP MORTUARY 3444 CITRUS STREET LEMON GROVE, CA 91945-1515

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673	▶ Katrina Lamar	01/17/2008

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	01/17/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 1-18-08	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 INCHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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 1-14-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CATHRYN GAMBLE ⊗ 231369

in a ASH VAULT (Type of Burial Container) Funeral, date, time Tue 2:00 PM 1-29-08

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 178 Grave 1

Grave space & Care Fund	426.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	810.12
Paid receipt number R-60641	81800
$7.88 donation Balance due	0

PAID
JAN 22 2008
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.

231371

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

x [signature]
Signature

James R. Gamble Jr
Print Name

17159 W Bernardo Dr #104
Address

San Diego 92127
City Zip Code

619-507-8827
Telephone

Invoice # _____

Work Order # E 20575

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20575

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: Cathryn Gamble

Interment Date: 1/29/08 Time: 2 pm

Div: 12 Sect: 2 Blk/Row: ____ Lot: 178 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

E20575

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 33 10637-01

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CATHRYN	PEARL	GAMBLE	05/26/1974	01/11/2008	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	JAMES R. GAMBLE JR, HUSBAND 17159 W. BERNARDO DRIVE #104 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
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Glennika Amor	1/18/08

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

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
	01/18/2008	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
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 1-29-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIF CREMATORY: 601-D CRANE STREET, LAKE ELSINORE, CA 92530	12B. DATE CREMATED 1-24-08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/14/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Orvin John Bracten 206837

in a DD Crypt (Type of Burial Container) Funeral, date, time Thurs. Jan 17 @ 11a.m

Church, Chapel, Graveside _____ ; Claremont Mortuary.

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

will be applied and billed to undersigned. _____

Division MAS Section R Blk/Row _____ Lot 17 Grave 1

Grave space & Care Fund ..... A-6 (1949) ..... -0-

Overtime/Late Arrival Fees .....

Opening/Closing & Setup ..... 2x$533 ..... 1,066.00

Burial Container 539.00

Handling Fees 454.00

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees ..... 2x$65 ..... 130.00

Sales Taxes 41.77

Total Due 2,230.77

Paid receipt number R-000633 2,230.77

Balance due -0-

PAID

JAN 14 2008

MOUNT HOPE CEMETERY

Interfund transfer

DP

P-01103

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.

231350

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

Signature

Glenn Bracten
Print Name

7014 Ladrillo St
Address

San Diego 92111
City Zip Code

(858) 292-5327
Telephone

Invoice # _____

Work Order # E 20576

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20576

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: Orvin John Braaten

Interment Date: 1/17/08 Time: 11:00

Div: MAS Sect: R Blk/Row: ____ Lot: 17 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

E20576

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 92

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ORVIN	JOHN	BRAATEN	03/01/1915	01/10/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FRANCES G. BRAATEN, WIFE 7603 MARKHAM STREET SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY, 4266 MT ABERNATHY AVE SAN DIEGO, CA 92117	FD 1126	▶ [signature]	01/16/2008

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 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	01/16/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-17-08	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.)

Buried with Jamal E. Gordon-Hill

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/9/08

Pin: 231344

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robbi Jean Gordon ⊗

In a _____ (Type of Burial Container) Funeral, date, time Mon, Jan 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 12 Section 2 Blk/Row _____ Lot 77 Grave 1

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... See E-20571

Burial Container ..... _____

Handling Fees ..... _____

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

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

Sales taxes ..... _____

Total Due ..... ~~0~~

Paid receipt number _____ _____

Balance due _____

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

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

Pin 231342

Print Name

Address See attached

Signature

City Zip Code

Telephone

Invoice # _____

Work Order # E 20577

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20577

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/9/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jamal Eugene Gordon-Hill

in a Liner (Type of Burial Container) Funeral, date, time Mon. Jan 14 @

Church, Chapel, Graveside CA Burial Mortuary.

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

Division 12 Section 2 Blk/Row ____ Lot 77 Grave 1

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 ____

Balance due ____

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

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

X [signature] Signature

X Jeanette Benyard Print Name

X 5880 El Cajon Blvd. Address

X San Diego, CA 92115 City, State, Zip Code

X 619-234-3272 Telephone

Work Order # E 20571

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Church Service monday at 11:00 A.M

interment will be approx. 12:30 – 1:30

(mortuary to pay today 1/10/2008)

E20577

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

41

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
ROBBI	JEAN	GORDON

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	11/25/1958	09/19/2000	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LONG BEACH	LONG BEACH

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
REBA GORDON MATTHEWS	SISTER	CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
REBA GORDON MATTHEWS
211 TREEWOOD ST., SAN DIEGO, CA 92114

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE: [signature]

9B. DATE SIGNED: 01/10/2008

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION
This permit is issued in 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.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/11/2008 J. BENYARD	▶ 2800056

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
LONG BEACH CITY HEALTH DEP. 2525 GRAND AVE., LONG BEACH, CA 90815-1765	SAN DIEGO VITAL RECORDS- P.O. BOX 85222 SAN DIEGO, CA 92186-5222

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY
- [ ] I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	12B. DATE BURIED 1-14-08	12C. INTERMENT NUMBER—IF APPLICABLE Norman Ferguson
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	14B. DATE RECEIVED	
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. *IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE* -	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – *ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/15/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Agnes Ockert 221050

in a Liner (Type of Burial Container) Funeral, date, time Tues, Jan 15 10:30

Church, Chapel, Graveside _____ ; Humpheys Mortuary.

All Funeral cars 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 1641 Grave 1

Grave space & Care Fund	C-2989 (1966) — 0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	1,094.93
Paid receipt number 60634	1094.93
AP378069 Balance due	0

PAID JAN 15 2008 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.

231346

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

Signature Arliss B Sheffstad

Print Name: ARLISS SHEFFSTAD

Address: 3303 WESTERN

City: AUSTIN, TX Zip Code: 78745

Telephone: 5128924643

Invoice # _____

Work Order # E 20578

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20578

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: Agnes Ockert

Interment Date: 11/15/08 Time: 10:30

Div: 8 Sect: 3 Blk/Row: ____ Lot: 1641 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

E20578

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
AGNES	ELEANOR	OCKERT	02/25/1912	01/08/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	MARIAGAYE MEIER, DAUGHTER 1218 NAPA AVENUE CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964	▶ Kim Beaulieu	01/11/2008

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	01/11/2008	▶ 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 ST-SAN DIEGO, CA 92102	11B. DATE BURIED 1-15-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-15-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ERNESTINE C. DICKENS 207598

in a LINER (Type of Burial Container) Funeral, date, time JAN 23 WED 1:00

Church, Chapel, Graveside _____ ; INGLESIDE Mortuary.

All Funeral cars 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 84 Grave 9

Grave space & Care Fund (E6422 1-27-87)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	1094.93
Paid receipt number R-6040	1094.93
Balance due	0

PAID
JAN 22 2008
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

Telephone

Invoice # 231360

Work Order # E 20579

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20579

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need

Date Jan 27, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernestine C. Dickens

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 NO.

Lot 84 Grave 9 Row — Section 2 Division/Block 12

Grave space & Care Fund Land & Pre need Care	595.00
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	595.00
Paid receipt number 34139	595.00
Balance due	0

none Pd

PAID
JAN 27 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Ernestine C. Dickens
Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 6422

PY-593 (REV. 8-85)

11244

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 26, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Orville E. Dickens

in a T.S. Vault Vault/Liner Funeral, date, time Thurs 1/29 11:00

Church, Chapel, Graveside Ch. + G.S. ; Lewis Colonial - El Cajon 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 WW2 - army.

Lot 84 Grave 10 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund Res Sp 9 for 60 days	
Opening/Closing & Setup	320.00
Burial Container T.S. Concrete Vault	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	—
Recording and filing fee	35.00
Sales taxes	10.50
Total Due	1305.50
Paid receipt number 34138	1305.50
Balance due	0

30 day note

PAID
JAN 27 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Wife of the above named deceden and this is your authority to make disposition of remains as above indicated. I certify and represen that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless fron 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 Ernestine Dickens
Signature

X 2103 Franklin Ave
Address

X San Diego, CA 92113
State Zip Code

X (619) 239-6697
Telephone

Invoice #

Acct. #

Work Order # E 6419

PY-593 (REV. 8-85)

COPYRIGHT 1949--NO. A-1:0266
BY R. L. TAYLOR

LEGAL DESCRIPTION

LOT 84 SECTION 2 DIVISION 12

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	
1 ✓	MILES, Arthur D.	MILES, Wilma R.	12/9/1975	200.00	12/11/1975	D-6484	
2 ✓	LEMKE, Alta L.	MILES, Wilma R.	9/22/1976	200.00	1/10/1980	E-995 D-7394	Fo
3 ✓	MILES, Wilma Roberta	MILES, Wilma R.	2/8/1980	230.00	1/4/1982	E-2807 E-1117	
M 4	DAWI SR., MATEO E.	LUZ DELA VEGA/DAUGHTER	1/15/2002	$895.00	1/17/2002	E-16856	Li
5 ✓	MARTIN, CLARENCE R.	MARTIN, Berry L.	7/5/1977	200.00	7/7/1977	D-8216	
6		MARTIN, Berry L.	7/5/1977	200.00		D-8216	
7 ✓	GIORDINO, Joseph J.	GIORDINO, Andrew M.	10/15/1977	200.00	10/17/1977	D-8527	
8 ✓	VENTIMIGLIA, ELAINE R.	Ventimiglia, Joseph	7/17/95	895.00	07/20/95	E-12377	Line
9	E20579	DICKENS, Ernestine	01/27/1987	$595.		E-6422	Dee #11
10 ✓	DICKENS, Oryille Estel	DICKENS, Ernestine	01/26/1987	$595.	01/29/1987	E-6419	TS
11 ✓	DICKENS, Wallace E.	DICKENS, Wallace E.	5/28/1980	275.00	3-12-91	E-9281 E-1447	T. S
12 ✓	DICKENS, Stella A.	DICKENS, Wallace E.	5/5/1980	275.00	5/8/1980	E-1382	T.

TAYLOR SYSTEM OF CEMETERY RECORDING
(INFRINGEMENT WILL BE VIGOROUSLY PROSECUTED)

E20579

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
ERNESTINE	C.	DICKENS	10/10/1924	01/13/2008	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	LONNIE PITRE, POA 2103 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 (Funeral director making permit)	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sonnika Pryor	1/16/08

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

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	01/16/2008	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-23-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norma Pierson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/15/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mae and Collins Peoples

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 11 Section 1 Blk/Row _____ Lot 110 Grave 8

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 $65 x 2	
Recording/Filing/Transfer Fees	130.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number P-01106	4,494.77
Balance due	0

PAID JAN 15 2008 MOUNT HOPE CEMETERY

1st Burial 5/12/09
E-21253
DP 3821540

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.

2313417

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

Collins Peoples
Signature

Collins Peoples
Print Name

835 South 32nd St
Address

San Diego, Ca 92113
City Zip Code

619 232-3772
Telephone

Invoice # _____

Work Order # E 20580

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20580

P 0110

OFFICIAL RECEIPT

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

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

Date: Jan 15 20 08

From: Collins Peoples Address: 835 S. 32nd ST SD 92113

Four thousand four hundred ninety four / 77/100 Dollars ($ 4,494.77)

in _____ Payment of Pre-need for Collins Peoples

Div 11 Sec 1 Blk/Row _____ Lot 110 Grave 8

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE ~~0~~

☒ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge 2260

☒ Check 1009

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

JAN 15 2008

MOUNT HOPE CEMETERY

ISSUED BY Maria C.

CREDIT	67007	452 80
20% Sales Care	77184	2230 77
Pre-Need	63033	
Trust	77186	
100/77184		1,811 20
TOTAL PAID		$ 4,494 77

E20580

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
PEOPLES COLLINS L	39 849 076	Pfc	AAF	AUS

6. ORGANIZATION	7. DATE OF SEPARATION	8. PLACE OF SEPARATION
Hq and Sv Co 1908th Engr Aviation Battalion	13 March 46	Separation Center Fort Sam Houston Texas

9. PERMANENT ADDRESS FOR MAILING PURPOSES	10. DATE OF BIRTH	11. PLACE OF BIRTH
61 Shady Grove Saline Bienville Parish La	11 May 20	Saline Louisiana

12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT	13. COLOR EYES	14. COLOR HAIR	15. HEIGHT	16. WEIGHT	17. NO. DEPENDENTS
See 9	Brown	Black	5' 10"	156 Lbs.	2

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		Farm Hand-General 3-16.10

MILITARY HISTORY

22. DATE OF INDUCTION	23. DATE OF ENLISTMENT	24. DATE OF ENTRY INTO ACTIVE SERVICE	25. PLACE OF ENTRY INTO SERVICE
14 Aug 42	-	29 Aug 42	Ind Sta Phoenix Arizona

SELECTIVE SERVICE DATA: 26. REGISTERED YES	NO	27. LOCAL S.S. BOARD NO.	28. COUNTY AND STATE	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
X		1	Coconino Arizona	Phoenix Coconino Co Arizona

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.
Duty Soldier III 590

31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.)
None

32. BATTLES AND CAMPAIGNS
None

33. DECORATIONS AND CITATIONS
American Theater Campaign Ribbon Asiatic-Pacific Campaign Ribbon Good Conduct Medal Victory Ribbon 1 Service Stripe

34. WOUNDS RECEIVED IN ACTION
None

35. LATEST IMMUNIZATION DATES

SMALLPOX	TYPHOID	TETANUS	OTHER (Specify)
[illegible]	[illegible]	4 Jan 44	Typhus 5 Jan 46

36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN

DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
21 Sept 45	A P	16 Oct 45
19 Feb 46	U S	6 March 46

37. TOTAL LENGTH OF SERVICE

CONTINENTAL SERVICE: YEARS	MONTHS	DAYS	FOREIGN SERVICE: YEARS	MONTHS	DAYS
3	1	14	0	5	16

38. HIGHEST GRADE HELD
Pfc

39. PRIOR SERVICE
None

40. REASON AND AUTHORITY FOR SEPARATION
Convenience of the Government (RR 1-1 Demobilization) AR 615-365 15 Dec 44

41. SERVICE SCHOOLS ATTENDED
None

42. EDUCATION (Years)

Grammar	High School	College
5	0	0

PAY DATA Vou 24501

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	7	0	$ 300	$ 100	None	$ 58.65	$277.63 W A WHITTET Lt Col FD

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTION OFFICER, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

48. KIND OF INSURANCE: Nat. Serv.	U.S. Gov't	None	49. HOW PAID: Allotment	Direct to V. A.	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	Continue Only	Discontinue
X				X	31 March 46	30 April 46	$ 6.65	X		

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 Sept 45) 35

56. SIGNATURE OF PERSON BEING SEPARATED
Collins L Peoples

57. PERSONNEL OFFICER (Type name, grade and organization - signature)
M L CLIFTON CWO USA
Ass't Mil Pers Officer M L Clifton

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.

No. 233808

Recorded ~~Filed~~ at Request of

Collins L. Peoples

SEP 14 1946

At 10 min. 17 A.M.

In Book ~~File~~ 5 Page 230

of A & N Dist

Fee $ dh Compared md-VR

VR

Army of the United States

Honorable Discharge

This is to certify that

COLLINS L PEOPLES 39 849 096 Private First Class

Headquarters and Service Company 1908th Engineer Aviation Battalion

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
Fort Sam Houston Texas

Date 13 March 1946

L L STEWART
Major AGD

E20580

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: e-20580 DATE: 1/16/2008

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: Collins Peoples 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: 110 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 hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

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

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 16th day of January, 2008.

Signature / Date

Maria Kocensky for David Lugo
Cemetery Manager

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

DIVERSITY

Mt Hope Cemetery
Contract Entry Verification
01/14/2008

Contract Number: E-20580-F

Contract Date: 01/15/2008
Purchaser: Peoples, Collins
835 South 32nd Street
San Diego ,CA 92113
Purchaser Number: 231347 / 231348
Phone: 619-232-3772
Beneficiary: Peoples, Mae

Counselors: 2 MARIA P. SAUNDERS

Qty	Category	Description of Contract Items	Price	Tax Allowance	Addl. Desc.
1	Graves-Resident	Division 11-1 SD Resident	2,264.00	0.00	
1	O/C Resident PN	1st Dbl Depth SD Resident	533.00	0.00	
1	O/C Resident PN	2nd Dbl Depth SD Resident	533.00	0.00	
1	OBC - Resid PN	Dbl/D Crypt SD Resident	539.00	41.77	
1	Hndl Fee Res PN	Crypt Hndl SD Resident	454.00	0.00	
2	Misc -Resid PN	Recording Fee SD Resident	130.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth
Division 11	1		110	8	A

BASE PRICE	4,453.00	**NUMBER OF INSTALLMENTS**	1
SALES TAX	41.77	**REGULAR PAYMENT OF**	0.00
TOTAL CASH PRICE	4,494.77	**ODD PAYMENT OF**	0.00
DOWNPAYMENT	4,494.77-	**DATE FIRST PAYMENT DUE**	
REFERENCE #	R-01106	**PAYMENT PLAN:**	MONTHLY
TRANSFER ALLOWANCE	0.00-		
DISCOUNT OR ALLOWANCE	0.00-	**SOURCE:**	Family Member Here
FINANCE CHARGE	0.00@	0.000% AMORTIZE	
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	Ø		

ACCOUNT CONTRIBUTIONS		**AMOUNT**	**FRACTION**
R L	Perp. Care	452.80	
L V	P/N Trust	2,189.00	1.0000
	Equity	1,811.20	
A	**Interest**	0.00	
R S	**Tax Recovery**	41.77	
R V	**Late Charge**	0.00	

CONTRACT ENTERED BY: _____

E20581

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 1/16/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard E. Jones 231358

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Tues. Jan 22 11:00

Church, Chapel, Graveside _____ ; S.D. Memorial Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row — Lot 189 Grave 3

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-60636	3,896.77
Balance due	Ø

PAID
JAN 18 2008
MOUNT HOPE CEMETERY

Mort. 2 Pay

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.

231357

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

Ivy Z. Jones
Signature

Ivy Z. Jones
Print Name
8757 Kandace Way
Address
San Diego 92105
City Zip Code
(619) 263-0891
Telephone

Invoice # _____

Work Order # E 20581

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20581

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: Richard E. Jones

Interment Date: 1/22/08 Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 189 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

E20581

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RICHARD	EDWARD	JONES	12/04/1951	01/13/2008	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	IVY JONES, SPOUSE 2757 KANDACE WAY SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575	Shelia A Williams	01-18-2008

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	01/17/2008	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-22-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

AT need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-17-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KEITH CORLLEY PIN: 231362

in a LINER (Type of Burial Container) Funeral, date, time 1-23-08

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 12 Section 2 Blk/Row _____ Lot 143 Grave 5

Grave space & Care Fund	1132-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	267-
Burial Container	238-
Handling Fees	
Flower vases – Marker setting fees	
Recording/Filing/Transfer Fees	33-
Sales taxes	10.46
Total Due	1669-
Paid receipt number R-60642	1669-
Balance due	0

PAID
JAN 22 2008
MOUNT HOPE CEMETERY

Tax was not included

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.

231361

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

Diane Walker
Signature

Diane Walker
Print Name

1304 Helix ST #25
Address

Spring Valley Ca, 91977
City Zip Code

(619) 366-9179
Telephone

Invoice # _____

Work Order # E 20582

Acct. # _____

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

Printed on recycled paper

E20582

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: Keith M. Corley

Interment Date: 1/23/08 Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 143 Grave: 5

Grave Laid out by: Norman & Ken

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20582

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: Keith M Corlley

Address: 6292 Leaf Court

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.

Diane Walker — Signature
Mother — Relationship
1-17-08 — 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

E20582

San Diego
Regional Center for the Developmentally Disabled
2602 Hoover Avenue, National City, CA 91950 • (619) 336-6600 • Fax: (619) 477-6248

FAX TRANSMITTAL INFORMATION PAGE

Date:	1/17/08
To:	Mt. Hope Cemetery re: Keith Corlley (deceased)
Fax Number:	619-527-3403
Telephone Number:	619-527-3400
From:	Febe Luna, M.A.
	San Diego Regional Center - Unit/Dept: PLB-7 2602 Hoover Avenue National City, CA 91950
Fax Number:	(619) 477-6248
Telephone Number:	619-336-6614
Total # of Pages:	4 (# Pages Includes Cover)

Marina
Danielle

Comments: Attached is the most recent letter from Social Security re: SSI; and his wage reports from his job site which was a sheltered workshop. His group home address was: 6292 Leaf Court, San Diego, CA 92114. If you have any questions, please do not hesitate to call me at the above phone number.

$12,420.00
+ 693.22
$13,113.22

WARNING – CONFIDENTIAL INFORMATION

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENT(S) NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL.

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

NOV 9 2007

Date: October 25, 2007
Claim Number: 568-49-4398 DI

00003847 01 AT 0.334 D41 1018.M02.018 003847

SAN DIEGO REG CTR FOR
KEITH MARIO CORLLEY
4355 RUFFIN RD
STE 119
SAN DIEGO CA 92123-4307

6280999 F.LUNA 07

Type of Payment:
Individual–Disabled

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

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

The Payments of KEITH M. CORLLEY Will Be Changed As Follows:

From	Through	Amount Due Each Month
November 1, 2007	Continuing	$1,035.00 This includes $412.00 from the State of California.

Information About KEITH M. CORLLEY's SSI Payments

His regular monthly check of $1,035.00 will be sent to your bank or other financial institution about the first day of November 2007.

KEITH M. CORLLEY's Payment Is Based On These Facts

He had monthly income of $32.46 for September 2007. This amount does not affect his Supplemental Security Income payment.

See Next Page

SSA-L8151

JAN-17-08 12:08 FROM-S.D.R.C. NATIONAL CITY T-025 P.02/04 F-482

E20582

TRANSMISSION REPORT

(TUE) JAN 22 2008 11:46

User/Account	:	DOCUMENT#	: 7500000-584
DESTINATION	: 84452553	TIME STORED	: JAN 22 11:45
DEST. NUMBER	: 84452553	TX START	: JAN 22 11:45
		DURATION	: 37sec
F-CODE	:	COM. MODE	: ECM
PAGES	: 2page		
RESULT	: OK		

3751 Market Street
San Diego, CA 92102
619-527-3400 Main
619-527-3403 Fax

[redacted]

To:	Detra Tucker	Fax:	619-445-2553
From:	David Lugo	Date:	1/22/08
Re:	Keith Corley	Pages:	2
CC:			

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

3751 Market Street
San Diego, CA 92102
619-527-3400 Main
619-527-3403 Fax

[redacted]

To:	Detra Tucker	**Fax:**	619-445-2553
From:	David Lugo	**Date:**	1/22/08
Re:	Keith Corley	**Pages:**	2
CC:			

☑ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

attached the burial costs related to Mr. Keith Corley.

CONFIDENTIAL

E20582

Partnerships With Industry

Office: South Bay

Keith Corlley's - Paystub Log Report

Client:	Keith Corlley
Soc. Sec. #:	XXX-XX-4398
SSA Office:	National City
SSA Advocate:	Linda Salcedo
PWI Director:	Dalinda Zurita
PWI Phone:	(619) 424-2250

Date of Payment	Gross Wages	Date Reported	Notes
01/25/2008	$15.92	02/11/2008	
01/10/2008	$12.85	02/11/2008	
12/21/2007	$15.71	01/09/2008	
12/10/2007	$25.89	01/09/2008	
11/21/2007	$41.28	12/10/2007	
11/09/2007	$18.48	12/10/2007	
10/25/2007	$38.44	11/08/2007	
10/10/2007	$28.85	11/08/2007	
09/25/2007	$19.81	10/08/2007	
09/10/2007	$12.85	10/08/2007	
08/24/2007	$39.07	09/11/2007	
08/10/2007	$23.45	09/11/2007	
07/25/2007	$21.28	08/08/2007	
07/10/2007	$40.38	08/08/2007	
06/25/2007	$18.76	07/09/2007	
06/08/2007	$28.50	07/09/2007	
05/25/2007	$39.43	06/08/2007	
05/10/2007	$25.16	06/08/2007	
04/25/2007	$25.69	05/08/2007	
04/10/2007	$8.17	05/08/2007	
03/23/2007	$50.40	04/08/2007	
03/09/2007	$21.15	04/08/2007	
02/23/2007	$41.42	03/08/2007	
02/09/2007	$62.99	03/08/2007	
01/25/2007	$43.32	02/08/2007	
01/10/2007	$3.09	02/08/2007	
12/29/2006	$3.38	01/09/2007	
12/22/2006	$50.57	01/09/2007	
12/08/2006	$55.62	01/09/2007	
11/25/2006	$31.66	12/08/2006	
11/10/2006	$34.59	12/08/2006	
10/25/2006	$33.80	11/08/2006	
10/10/2006	$22.69	11/08/2006	
09/25/2006	$19.21	10/09/2006	
09/08/2006	$24.95	10/09/2006	
08/25/2006	$27.18	09/11/2006	
08/10/2006	$20.97	09/11/2006	
07/25/2006	$37.88	08/08/2006	

Partnerships With Industry

Office: South Bay

Keith Corlley's - Paystub Log Report

Client:	Keith Corlley
Soc. Sec. #:	XXX-XX-4398
SSA Office:	National City
SSA Advocate:	Linda Salcedo
PWI Director:	Dalinda Zurita
PWI Phone:	(619) 424-2250

Date of Payment	Gross Wages	Date Reported	Notes
07/10/2006	$12.64	08/08/2006	
06/23/2006	$22.47	07/10/2006	
06/09/2006	$8.30	07/10/2006	
05/25/2006	$8.34	06/08/2006	
05/10/2006	$14.57	06/08/2006	
04/25/2006	$8.77	05/08/2006	
04/10/2006	$18.02	06/08/2006	
03/24/2006	$5.02	04/10/2006	
03/10/2006	$4.70	04/10/2006	
02/24/2006	$9.47	03/08/2006	
02/10/2006	$8.67	03/08/2006	
01/25/2006	$7.91	02/07/2006	
01/10/2006	$8.76	02/07/2006	
12/23/2005	$5.32	01/04/2006	
12/09/2005	$4.97	01/04/2006	
11/23/2005	$9.12	11/29/2005	
11/10/2005	$11.44	11/29/2005	
10/25/2005	$2.82	11/04/2005	
10/10/2005	$8.75	11/04/2005	
09/25/2005	$2.84	10/06/2005	
09/10/2005	$8.18	10/06/2005	

E20582

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

30

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KEITH	MARIO	CORLLEY	03/05/1977	01/14/2008	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	DIANE MARIA WALKER, MOTHER 351 W PALM AVENUE #17 EL CAJON, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ [signature]	1/18/2008

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	01/18/2008	▶ 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 OUTSIDE ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-23-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 1/18/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Anne Laughlin 211788

in a Top Seal Vault (Type of Burial Container) Funeral, date, time 1/29/2008 @ 11am

Church, Chapel, Graveside _____ ; Goodbody Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 74 Grave 3

Grave space & Care Fund ..... E-8020 <4-2-1991> 0

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

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

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due 0

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

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

X _____
Signature

X See attached
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

RCS

Invoice # _____

Work Order # E 20583

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20583

Proceed Lot & Inst

MT. HO[illegible]

INTERMENT C[illegible] CEMETERY

City of San Diego

Date 4-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Anne Laughlin

in a TS 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 will be applied and billed to undersigned. War time veteran _____ .

Lot 74 Grave 3 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container Vault	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
Total Due	1207.25
Paid receipt number	Ø
Balance due	

Paid in full 4-2-1991

23 @ 50.00
1 @ 57.25

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

Patricia Anne Laughlin
Signature

3675 Pershing Ave
Address

San Diego, CA 92105
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 8020

PY-593 (REV. 8-85)

E20583

ACCT. NO. E-8020

NAME Laughlin, Patricia Anne

ADDRESS 3675 Pershing Avenue, San Diego, Ca 92105 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
4/11	89	Lot 74, Grave 3, Section 2, Division 12	495.00			[illegible]
		Opening/Closing, Top Seal Vault, Recording Fee	712.25			12[illegible].2
5-3	89	Coupon 1, Receipt 37750			50.00	1152.[illegible]
6-5	89	Coupon 2, Receipt 38102			50.00	1102.[illegible]
7/6	89	Coupon 3, Receipt 38229			50.00	1052.[illegible]
8/3	89	Coupon 4, Receipt 38353			50.00	1002.[illegible]
9-6	89	Coupon 5, Receipt 38478			50.00	952.[illegible]
10-4	89	Coupon 6, Receipt 38607			50.00	902.[illegible]
11-7	89	Coupon 7, Receipt 38731			50.00	852.[illegible]
12-1	89	Coupon 8, Receipt 38612			50.00	802.[illegible]
1-5-90		Coupon 9, Receipt 38749			50.00	752.[illegible]
2-22-90		Coupon 10, Receipt 38905			50.00	702.[illegible]
3-5-90		Coupon 11, Receipt 38941			50.00	652.[illegible]
4-3-90		Coupon 12, Receipt 39071			50.00	602.[illegible]
5-7-90		Coupon 13, Receipt 39195			50.00	552.[illegible]
6-4-90		Coupon 14, Receipt 39302			50.00	502.[illegible]
7-3-90		Coupon 15, Receipt 39434			50.00	452.[illegible]
8-3-90		Coupon 16, Receipt 39552			50.00	402.[illegible]
9-4-90		Coupon #17, Receipt #39659			50.00	352.[illegible]

PAID IN FULL 4-2-91

AIGNER FORM NO. 25-204 Laughlin, Patricia Anne 74 - 3 - 2 - 12 PRINTED IN U

E20583

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
10-4-	90	Coupon #18, RECEIPT # 39784	1207 25		50 00	307 25
11-8	90	Coupon #19 receipt # 39927			50 00	257 25
12-4	90	Coupon #20 receipt # 39995			50 00	207 25
1-7	91	Coupon #21 receipt 40150			50	157 25
2-5	91	Coupon 22 receipt 40261			50	107 25
3-4	91	Coupon 23 receipt 40374			50	57 25
4-2	91	Coupon 24 receipt 40495			57 25	

AIGNER FORM NO. 25-204

PRINTED IN USA

E20583

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 Top Vault

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Patricia A. Laughlin

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 74 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

E20583

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

178

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PATRICIA	ANNE	LAUGHLIN	06/20/1929	01/17/2008	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	KATHRYN HILLS, DPOA P.O. BOX 267 TEMECULA, CA 92593

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY, 5027 EL CAJON BLVD SAN DIEGO, CA 92115	FD 790	▶ Kathryn K. Hills	01/23/2008

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		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	01/23/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-29-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/22/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ivan Santiago Zarate #231364

in a O Liner (Type of Burial Container) Funeral, date, time Friday Jan 25 @ 10:00

Church, Chapel, Graveside ; EL Camino-Berge Mortuary.

All Funeral cars 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 1464 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container	99.00
Handling Fees	36.00
Flower vases – Marker ~~Installation~~	
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-60644	527.67
Balance due	-0-

PAID
JAN 23 2008
MOUNT HOPE CEMETERY

Marker installation, paid 1/24/08

Paid marker installation R-

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.

231363

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

Alberto Zarate
Signature

Alberto Zarate
Print Name

2053 Osborn st
Address

San Diego CA 92113
City Zip Code

(619) 719 2976
Telephone

Invoice # _____

Work Order # E 20584 Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20584

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 O Liner

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Ivan Santiago Zarate

Interment Date: 1/25/08 Time: 10:00

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1464 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

E20584

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
Ivan	Santiago	Zarate

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M			01/20/2008

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
San Diego	San Diego

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Brenda Zarate	Mother	El Camino Memorial-N.C. 607 National City Blvd. San Diego, CA 91950 L. Castro	fd-284 2800176

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
3849 Birch St. San Diego, CA 92113

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Lisa Castro

9B. DATE SIGNED 01/24/2008

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in 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.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/24/2008	▶

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
Vital Records...P.O. Box 85222 San Diego, CA 92186-5222	—

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

- ☒ A. BURIAL OR SCATTERING IN A CEMETERY (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 OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	12B. DATE BURIED 1-25-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fenguen	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.*

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

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT NCGD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NELLIE ESTHER THOMAS 231359

in a DD CRYPT B (Type of Burial Container) Funeral, date, time SAT 1-26-08 2 PM

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 MASON Section M Blk/Row _____ Lot 1 Grave 1

Grave space & Care Fund	E-20131	0
Overtime/Late Arrival Fees SAT		$51.00
Opening/Closing & Setup		533.00
Burial Container		[redacted]
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		65.00
Sales taxes		0
Total Due		1449.00
Paid receipt number CHK 4133 R60639		1449.00
Balance due		0

PAID
JAN 22 2008
MOUNT HOPE CEMETERY

I hereby certify I am the DAUGHTER / 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.

Donna L Jarrett
Signature

DONNA L. JARRETT
Print Name

3395 CHICAGO STREET
Address

SAN DIEGO 92117
City Zip Code

858-483-5637
Telephone

Invoice # _____

Work Order # E 20585

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20585

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

it need res. fee

Date 3-5-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Julius Thomas 224177 1:00

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

Church, Chapel (Graveside) - Claiment Mortuary.

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

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

Division MASON Section M Blk/Row _____ Lot 1 Grave No 1

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	589.00
Handling Fees	454.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number R-60002	3,896.77
Balance due	Ø

PAID

MAR - 6 2007

MOUNT HOPE CEMETERY

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

230760

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

X Donna L. Jarrett (Signature)

X DONNA L. JARRETT (Print Name)

X 3395 CHICAGO ST. (Address)

X SAN DIEGO 92117 (City, Zip Code)

X 858-483-5637 (Telephone)

Paulette

Work Order # E 20131

Invoice # _____

Acct. # _____

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

NAVY Honors

© Printed on recycled paper

E20585

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
NELLIE	ESTHER	THOMAS	09/12/1922	01/18/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	DONNA L. JARRETT, DAUGHTER 3395 CHICAGO STREET SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY LEMON GROVE, CA 91945-1533	FD 941	▶ [signature]	01/23/2008

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 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	01/23/2008	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
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	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

Date Jan 22, 2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Myrtle Allen 225272

in a Liner (Type of Burial Container) Funeral, date, time Friday, Jan 25 @ 1 pm

Church (Chapel) Graveside : Anderson-Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1430 Grave 1

Grave space & Care Fund E-6601 3/88	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	1,094.93
Paid receipt number R-60645	1,094.93
Balance due	Ø

PAID
JAN 23 2008
MOUNT HOPE CEMETERY

Mortuary To pay

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

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

X _____
Signature

X _____
Print Name

See attached
Address

City Pin 206361 Zip Code

Telephone

Invoice # _____

Work Order # E 20586

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20586

Jan 23 2008 12:07 Anderson-Ragsdale 6192631507 P.1

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 22, 2008

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

in a Liner (Type of Burial Container) Funeral, date, time Friday, Jan 25 @ 1pm

Church/Chapel/Graveside _____ : Anderson-Ragsdale Mortuary

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Bld/Row _____ Lot 1429 Grave 1

Grave space & Care Fund E-6601 3/88	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	1,094.93
Paid receipt number _____	
Balance due _____	

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

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

(x) Leroy Allen
Signature

x Leroy Allen
Print Name
2814 Ocean View Bl
Address
San Diego, Ca 92113
City Zip Code
(619) 232-1975
Telephone

Invoice # _____

Work Order # E 20586

Acct. # _____

E20586

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: Myrtle Allen

Interment Date: 1/25/08 Time: 1pm

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1430 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

E20586

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
MYRTLE	-	ALLEN	09/10/1915	01/20/2008	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	LEROY ALLEN, HUSBAND 2214 OCEAN VIEW BLVD SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sienna Rogers	1/23/08

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	01/23/2008	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-25-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

E20587
not included
in this
Spindle:
E20500_E20599

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

N.R.

Date 1/22/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Audrey Hanau PIN: 231366

in a DD Crypt (Type of Burial Container) Funeral, date, time Jan 28, 10 am (Mon)

Church, Chapel, Graveside 1st Metodist. : Humphreys Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 492 Grave 1

PAID

JAN 24 2008

MOUNT HOPE CEMETERY

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup $708 × 2	1,416.00
Burial Container	717.00
Handling Fees	604.00
Flower vases – Marker setting fee	237.00
Recording/Filing/Transfer Fees $85 × 2	170.00
Sales taxes	55.57
Total Due	6,210.57
Paid receipt number R-60647	6,210.57
P-01118 Balance due	0

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

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

Edith Barnes
Signature

231365 - Walter Hanau Pd for burial & Pre-need

EDITH BARNES 231370
Print Name

9232 EMILY WAY
Address

JUNEAU, AK 99801
City Zip Code

(907) 789-6917
Telephone (907) 209-0697-cell

Invoice # _____

Work Order # E 20588

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20588

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

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Audrey Hanau

Interment Date: 1/28/08 Time: 10:00 am

Div: 8 Sect: 1 Blk/Row: ____ Lot: 492 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

E20588

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
AUDREY	JEAN	HANAU	10/04/1926	01/20/2008	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	WALTER HANAU, HUSBAND 2534 WHISPERING PALM LOOP CHULA VISTA, CA 91915

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964	▶ Kim Beaulan	01/23/2008

231365

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	01/23/2008	▶ 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 ST-SAN DIEGO, CA 92102	11B. DATE BURIED 1-28-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

In grave with Doris Moseley

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date January 24, 2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gerald Moseley 231368

in a DDCrypt "B" (Type of Burial Container) Funeral, date, time Tues. January 29 @ 2pm

Church, Chapel, Graveside _____ : Merkley-Mitchell Mortuary.

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

will be applied and billed to undersigned. (X) _____

Division 5 Section 7 Blk/Row _____ Lot 7 Grave 4

Grave space & Care Fund E-19117 0

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

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

Sales taxes ..... _____

Total Due 0

Paid receipt number _____ _____

Balance due 0

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

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

X _____
Signature

(X) Print Name See attached

(X) Address

(X) City Pin: 228814 Zip Code

(X) Telephone

Invoice # _____

Work Order # E 20589

Acct. # _____

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

1/29 Andrea knows about ~~[illegible]~~ 9:42

E20589

In grave with Doris Moseley

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date January 24, 2008

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

in a DD Crypt "B" (Type of Burial Container) Funeral, date, time Tues. January 29 @ 2pm

Church, Chapel, Graveside _____ ; Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213 will be applied and billed to undersigned. (X) _____

Division 5 Section 7 Blk/Row _____ Lot 7 Grave 4

Grave space & Care Fund E-19117 0

Overtime/Late Arrival Fees .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees .....

Sales taxes .....

Total Due 0

Paid receipt number _____

Balance due _____

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

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

X Ida L Newton
Signature

(X) Ida L. Newton
First Name

(X) 4162 Kansas St #101
Address

(X) San Diego, Ca 92116
City Zip Code

(X) 619-516-1608
Telephone (H)

Invoice # _____

Work Order # E 20589

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request

Pre-Need (RES) 1st & 2nd Burial pd IN Full

E20589

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris Lavonna Moseley

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 5 Section 7 Blk/Row _____ Lot 7 Grave 4

Grave space & Care Fund	A-6012 (1953)	0
Overtime/Late Arrival Fees		0
Opening/Closing & Setup	2 @ $413.00	$826.00
Burial Container	DD Crypt	418.00
Handling Fees		352.00
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees	2 @ $50.00	100.00
Sales taxes		32.40

PAID

MAY 11 2005

MOUNT HOPE CEMETERY

Total Due $1,728.40

Paid receipt number R-58838 $1,728.40

Balance due 0

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. PIN# 228814

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

X Dan L Newton
Signature

X Dan L Newton
Print Name

X 4621 Kansas #1
Address

X San Diego, 92116
City Zip Code

X (619) 514-1608
Telephone

Invoice # _____

Work Order # E 19117

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20589

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Doris Moseley

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

Burial Container DD Crypt

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Gerald Moseley

Interment Date: 1/29/08 Time: 2pm

Div: 5 Sect: 7 Blk/Row: ____ Lot: 7 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

E20589

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
GERALD	PERKINS	MOSELY	08/10/1935	01/22/2008	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	INA NEWTON, SISTER 4602 KANSAS STREET UNIT 101 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
MERKLEY MITCHELL MORTUARY, 3655 FIFTH AVE SAN DIEGO, CA 92103	FD119	▶ Kim Beculler	01/28/2008

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	01/28/2008	▶ 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 ST-SAN DIEGO, CA 92102	11B. DATE BURIED 1-29-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-25-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VIRZENA BROWN 206949

in a LINER (Type of Burial Container) Funeral, date, time 1-28-08 MON 11:30 AM

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 48 Grave 3

Grave space & Care Fund (E000880) 11-29-79	—
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 R600648	1094.93
WMS MEM CHK 11273 Balance due	0

PAID
JAN 25 2008
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.

231367

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

Patricia Brown
Signature

SHEILA WILLIAMS
619-582-3090
MORT.

Patricia Brown
Print Name

5011 Elm St
Address

San Diego 92102
City Zip Code

619 477 5983
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20590

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

E20590

3

DATE 11-29 1979

CHARGE Virena Brown - 263 - 1822

ADDRESS 5011 Elm St. S.D. (02)

NAME OF DECEASED Bee - Need

OWNER Arbour

ADDRESS

MORTUARY

A

LOT 48 GR 3 ROW SEC 1 DIV 11 230 00

OPENING TIME DAY DATE

VAULT BOX SIZE

REMOVAL OR FOUNDATION VET.

TOTAL $230 00

PAID RECEIPT NUMBER 27820

BALANCE

flush marker only

PAID
NOV 29 1979
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.

#10103

AUTHORIZED IN PERSON PHONE BY Virena Brown

ORDER TAKEN BY Wallace

W.O. NO. E 000880

INVOICE NO. Cash

PR-974 (REV. 9-78)

E20590

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

75

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VIRENA	C	BROWN	01/23/1932	01/20/2008	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	PATRICA BROWN, DAUGTHER 5011 ELM STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL,, 2441 UNIVERSITY AVE SAN DIEGO, CA 92104		▶ B C Williams	01/25/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	01/25/2008	▶ 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 AVE, SAN DIEGO, CA 92102	11B. DATE BURIED 1-28-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER *DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN 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 1-25-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SANDRA GALE HAAS # 231469

in a URN (Type of Burial Container) Funeral, date, time TBD 3/14/2008

Church, Chapel, Graveside _____ ; CA Cremation Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 2142 Grave 1

Grave space & Care Fund	566.
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.
Sales taxes	
Total Due	850.00
Paid receipt number R606019	850.00
Balance due	-0-

PAID
JAN 25 2008
MOUNT HOPE CEMETERY

MARKER INSTL PAID 3-7-08 R607733 CONT

CHK #2332

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.

231463

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

Signature

Print Name: MIKEL HAAS

Address: 8030 MARIPOSA ST

City: LA MESA, CA Zip Code: 91941

Telephone: (619) 461-9876

W- 531-5274

Invoice # _____

Work Order # E 20591

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20591

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: Sandra G. Haas ⊗

Interment Date: 3/14/08 Time: 1:30

Div: 8 Sect: 3 Blk/Row: ____ Lot: 2142 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

E20591

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

N 10683-02

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SANDRA	GALE	HAAS	05/04/1935	01/23/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	MIKE HAAS, SON 8830 MARICOPA ST LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	1/25/08

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	01/25/2008	▶ 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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 3/15/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601 D CRANE ST LAKE ELSINORE CA 92530	12B. DATE CREMATED 1-29-08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 1/28/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARIA T. RODRIGUEZ ⊗ 231378

in a ASH VAULT (Type of Burial Container) Funeral, date, time Tues Feb 5 1:00

Church, Chapel, Graveside AMERICAN CREMATION Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row ~ Lot 47 Grave 15

Grave space & Care Fund	426.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	810.12
Paid receipt number R-60661	810.12
Balance due	0

PAID
JAN 31 2008
MOUNT HOPE CEMETERY

ID verified MED

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

231377

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

X Rafael Garcia
Signature

X Rafael Gracia
Print Name
X 424 Carlos ST
Address
X San Diego CA 9
City Zip Code
X (619) 262-5778
Telephone

Invoice # _____

Work Order # E 20592

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20592

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 Ashwaut

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: _____

Interment Date: 2/5/08 Time: 1:00 GS

Div: 11 Sect: 2 Blk/Row: ____ Lot: 47 Grave: 5

Grave Laid out by: Norman & Ken

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20592
7907
54

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA	TERESA	RODRIGUEZ	06/07/1953	01/27/2008	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	MARIA V. BENITEZ, DAUGHTER 424 CARLOS 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
AMERICAN CREMATION SERVICE, 6136 MISSION GORGE ROAD, STE 100 SAN DIEGO, CA 92120	FD1752	▶ [signature]	01/30/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	01/30/2008	▶ 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
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 2-5-08	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 1-31-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

E20592

OFFICIAL RECEIPT

[redacted]

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

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

61557

Date: March 25, 20 09

From: Rafael Garcia Address: on file

two hundred eleven 09/xx Dollars ($ 211.09)

in 11 Payment of Marker installation & vase for Maria T. Rodriguez

Div 11 Sec 2 Blk/Row Lot 47 Grave 15

Invoice No. E-20592

Acct. No.

W.O.

BALANCE DUE 0

☒ Money Order
☐ Charge
☐ 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	178 00
Sales Tax	60101	1 09
	78390	
TOTAL PAID	$	211 09

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

SAT
AT NSCD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-28-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RHONDA JAMES 231374

in a LINER (Type of Burial Container) Funeral, date, time SAT FEB 2 1:00P

Church, Chapel, Graveside _____ ; CALIFORNIA CREMATION Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 69 Grave 2

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees SAT 2.7	851.00
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	4209.93
Paid receipt number R60656	4209.93
Balance due	0

PAID
JAN 30 2008
MOUNT HOPE CEMETERY

CHK 68-7497 1209.93
4 0042502605 3000
4209.93

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.

Leonard James
Signature

LEONARD JAMES
6901 BULLOCK DR
S.D 92114
619-857-6365

231373

Print Name Lenley Pettiford
Address 8365 Broadway #3
City San Diego Ca 91945 Zip Code
Telephone 619 465-0333

Invoice # _____

Work Order # E 20593

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20593

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: Rhonda James

Interment Date: _____ Time: _____

Div: 12 Sect: 1 Blk/Row: ____ Lot: 69 Grave: 2

Grave Laid out by: Norman Ferguson & Sons

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20593

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
RHONDA	G	JAMES	04/22/1954	01/27/2008	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	LEONARD JAMES, HUSBAND 6901 BULLOCK DR. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	[signature]	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 ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	01/31/2008	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 2/2/08	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. (HEALTH AND SAFETY CODE SECTION 7116.)

in grave w/ yoshiko

MT. HOPE CEMETERY

INTERMENT ORDER

At need
ashes left upper corner
of grave 25-28" dun

City of San Diego

Date 1/28/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yoshinobu Sueyoshi Ø 206315

in a ASH VAULT (Type of Burial Container) Funeral, date, time Feb. 23, 2008 11:00 AM

Church, Chapel, Graveside ; Mortuary.

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

will be applied and billed to undersigned.

Division 7 Section 11 Blk/Row — Lot 25 Grave 2

Grave space & Care Fund	E-11571	Ø
Overtime/Late Arrival Fees	SATURDAY FEE	298.-
Opening/Closing & Setup	See E-20628	
Burial Container	11.5" x 7.5" x 7"	79.00
Handling Fees		85.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		65.00
Sales taxes		6.12
Total Due		533.12
Receipt number	pt of R-60689	533.12
Balance due		Ø

PAID
FEB 19 2008
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.

231416

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

X Signature

X Annie Gristina (Print Name)
X 12933 Caminito Peso (Address)
X San Diego CA 92130 (City, Zip Code)
X Telephone

Invoice # _____

Work Order # E 20594-

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20594

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 75 ID#26694

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YOSHINOBU	-	SUEYOSHI	03/10/1932	01/02/2008	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	ANNIE GRISTINA, DAUGHTER 12933 CAMINITO BESO SAN DIEGO, CA 92130

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE SAN DIEGO, CA 92113	FD843	▶ [signature]	01/07/2008

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		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	01/07/2008	▶ 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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-23-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ETERNAL HILLS CREMATORY, 1999 EL CAMINO REAL, OCEANSIDE, CA 92054	12B. DATE CREMATED 1-9-08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATORY MANAGER Mark Christensen ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

in grave with Mattie Carter
" use back gate"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/31/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond Sheilds 231382

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time FRIDAY FEB 8 11:00 am

Church, Chapel, Graveside WMS San Diego Mortuary.

All Funeral cars 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 57 Grave 8

Grave space & Care Fund E-19580 <1/26/2006>	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 See	E-19580
Paid receipt number	—
Balance due See	E-19580

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

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

X _____ Signature

X _____ Print Name

X _____ Address

X See attached City Zip Code

X _____ Telephone

Invoice # _____

Acct. # _____

Work Order # E 20595

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20595

in grave with Mattie Carter
" use back gate"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/31/2008

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

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time FRIDAY FEB 8 11:00 am

Church, Chapel, Graveside WMS San Diego Mortuary

All Funeral cars 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 57 Grave 8

Grave space & Care Fund E-19580 <11/26/2006> 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 See E-19580

Paid receipt number

Balance due See E-19580

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

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

x Clara Pearson (Signature)

x CLARA PEARSON (Print Name)
x 353 61st Street (Address)
x San Diego, Ca 92114 (City, State, Zip Code)
x (619) 263-5680 (Telephone)

Invoice # _____

Work Order # E 20595

Acct. # _____

JAN-31-2008 11:08A FROM:WMS SD MEMORIAL CHAP 6196920896 TO:5273403 P.1
(THU) JAN 31 2008 10:48/ST. 10:43/No. 7560000004 P 1
FROM

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At-Need

Date 1-25-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MATTIE CARTER 229956

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Friday Jan 27, 1:00

Church, Chapel, Graveside BAYVIEW ; SAN DIEGO Memorial Mortuary

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

will be applied and billed to undersigned X

Division 11 Section 2 Blk/Row — Lot 57 Grave 8

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup 2 @ 533.-	1066.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees 2 @ 65.-	130.-
Sales taxes	41.77
Total Due	4494.77
Paid receipt number R-59409	4494.77
Balance due	0

PAID JAN 26 2006

MOUNT HOPE

Persherla I am to select grave. MORT. 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

See attached

Paulette

Invoice #

Work Order # E-19580

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19580
01/25/06
3:45

At-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-25-06

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

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Friday Jan 27, 1:00

Church, Chapel, Graveside BAYVIEW SAN DIEGO Memorial Mortuary

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

will be applied and billed to undersigned X [signature]

Division 11 Section 2 Blk/Row — Lot 57 Grave 8

Grave space & Care Fund		2264.—
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	2 @ 533.-	1066.—
Burial Container		539.-
Handling Fees		454.-
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	2 @ 65.-	130.-
Sales taxes		41.77
	Total Due	4494.77

Per Sheila I am to select grave MORT. 2 PAY

Paid receipt number

Balance due

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

229957

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

X Clara Pearson
Signature

X Clara Pearson
Name

X 353 61st St
Address

X SD, Ca 92114
City Zip Code

X
Telephone

X
Invoice #

Paulette

Work Order # E-19580

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Pd by [illegible] Sheila A. [illegible] on 01

E19580

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 920 am 1/29/08 (call back)

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

- [x] MORTUARY NAME: SO memorial - Sheila
- [ ] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON:

TELEPHONE NO:

NAME OF DECEASED:

LAST NAME: Shields

FIRST NAME: Raymond son of Mattie Carter

DOD: DOB: 11,2,,57,8

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: Holding grave (9) in 11,2,57,9 if they want to purchase.

E19580

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Mattie Carter "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: Raymond Sheilds

Interment Date: 2/8/08 Time: 11:00 am

Div: 11 Sect: 2 Blk/Row: ____ Lot: 57 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

E19580

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
RAYMOND	LEE	SHIELDS	01/17/1959	01/27/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CLARA PEARSON, MOTHER 353 61ST 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
WILLIAMS 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 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT – person taking permit: Sheila A. Williams 8B. DATE SIGNED: 01-29-2008

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	01/29/2008	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 92013	11B. DATE BURIED 2-8-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

Date 01/29/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELIZABETH ANN PATRICIA O'BRIEN CAPATANOS 231458

in a Top Vault (Type of Burial Container) Funeral, date, time Tues Mar 11, 1:00

Church, Chapel, Graveside _____ EL Camino Cypress Mortuary

(619) 264-3168 Rachel

All Funeral cars 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 740 Grave 1

Grave space & Care Fund	3011.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	472.-
Handling Fees	350.-
Flower vases – Marker setting fee	237.-
Recording/Filing/Transfer Fees	85.-
Sales taxes	36.58
Total Due	4899.58
Paid receipt number R-60737	4,899.58
Balance due	Ø

PAID
MAR 10 2008
MOUNT HOPE CEMETERY

fax 264-6919

fax 858-481-9609

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 231457 Print Name

X _____ Address

X See Attached City Zip Code

X _____ Telephone

N.R.

Paulette

Work Order # E 20596

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

FROM (FRI) MAR 7 2008 10:00/ST. 10:00/No. 7500000858 P 1

E20596

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need (Direct Burial)

Date 01/29/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELIZABETH ANN PATRICIA O'BRIEN CAPATONDS

in a Top Vault (Type of Burial Container) Funeral, date, time Tues Mar 11,

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 $ 619) 264-3168 Rachel

will be applied and billed to undersigned.

Division 8 Section 1 Blk/Row ~ Lot 740 Grave 1

Grave space & Care Fund	3011.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	472.-
Handling Fees	350.-
Flower vases – Marker setting fee	237.-
Recording/Filing/Transfer Fees	85.-
Sales taxes	36.58
Total Due	4899.58

Paid receipt number

Balance due

Fax 858-481-9609

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 ELIZABETH S. DEL POZO (Print Name)

X 2658 Del Mar Heights Road # 267 (Address)

X Del Mar, CA 92014 (City, Zip Code)

X 8584819487 (Telephone)

Paulette

Invoice #

Work Order # E 20596

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Fax 619 527 3403

E20596

SAN DIEGO LEGAL ASSISTANTS

ELIZABETH S. DEL POZO
Private Professional Fiduciary
2658 DEL MAR HEIGHTS ROAD. PMB # 267
DEL MAR, CA 92014
FAX: (858) 481-9609
(858) 481-8823
betsyd@sdla.com

Date 3/7/08

FAX 619 527 3403

To: Mt Hope Cemetery

RE: Elizabeth AP Capatanos
Attn: Paulette

( ) For your information
( ) For your file
( ) In accordance with your request
( ) Original will or will not follow
( ) Please telephone me
(x) Please acknowledge receipt **858 481 9487 or 858 603 0397**
Internment Order

Thank you for your attention to this matter.

Herminia
Assistant to Elizabeth S. del Pozo

all
Van Dyke. Fax all ~~or~~ Poggi
attn: Birth + Death
* David Martin
fax 760-747-4107
fax) do by Friday

Seaman-Poe
619-264-1933 T.S. Vault -
858-481-9487

Granite non-res.

12 x 24 x 3
~~12x30x~~

fax 858-481 9609
attn. to Elizabeth Delpozo

E20596

AT NEED TS VAULT SD. RES. 3507.51

NON RES 4662.58

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

619 264-3168

DATE/TIME RECEIVED CALL: 1-17-08

CALL TAKEN BY: Tom

RECEIVED CALL FROM: PAUL MOSHER 619-849-8628 EL CAMINO CYPRESS

☑ MORTUARY NAME: LOUIS COLONIAL BEN BOUGH

☐ FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: HERMINIA LEGAL ASST

TELEPHONE NO: 858-481-9487 OR 9466

NAME OF DECEASED: 8-5,3571

LAST NAME: ELIZABETH CAPITANOS

FIRST NAME: DAUGHTER OF PAGE R, O'BRIAN

DOD: 1-17-08 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: CA special care

91942

E20596

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 Top Seal Vault

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Elizabeth Cipatanos

Interment Date: _____ Time: _____

Div: 8 Sect: 1 Blk/Row: ___ Lot: 740 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremai 8-5-08 EL CAMINO MEMORIAL

To ELIZ LAPATANOS

Date _____ Time _____ AM PM

While You Were Out

M DIERDRE

of WELLS FARGO BANK LB

Phone 562-528-3726
Area Code Number Extension

URGENT!		TELEPHONED	
CAME TO SEE YOU		RETURNED YOUR CALL	
WANTS TO SEE YOU		PLEASE CALL	
RUSH		WILL CALL AGAIN	

MESSAGE _____

NATURE SAVER

SIGNED _____

Reorder No. 01325

ELLS
ARGO

N9306-042
PO BOX 1458
MINNEAPOLIS MN 55479
612-316-0869

CHECK NO: 25245454

E20596

Account Number:
387987001

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102

CHECK NO: 25245454

Account Number:	*Account Name:*	*Date:*
387987001	CAPATANOS, ELIZABETH A P T/U/A	MARCH 6, 2008

Paid To:
MT. HOPE CEMETERY

For:
FUNERAL EXPENSE
INTERMENT ORDER #E20596

Principal Amount:
******$4,899.58

XB 65 11 6279

Please detach and retain for your records

E20596

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
ELIZABETH	ANN PATRICIA	CAPATANOS	05/18/1929	01/17/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	ELIZABETH S. DEL POZO, CONSEVATOR 2658 DEL MAR HEIGHTS RD. #267 DEL MAR, CA 92014

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
EL CAMINO MEMORIAL-IMPERIAL AVE., 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	FD-670

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed 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	8B. DATE SIGNED
		▶ Carla Arren	01/24/2008

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$11.00	01/24/2008	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 3-11-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need. in grave with "Elverter Fay"

Date 2/1/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aubrey Fay Sr. ⊗

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

Church, Chapel, Graveside Anderson Ragsdale Mortuary.

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

will be applied and billed to undersigned.

Division 7 Section 17 Blk/Row — Lot 20 Grave 7

Grave space & Care Fund C-6349 —

Overtime/Late Arrival Fees —

Opening/Closing & Setup E-12906 L6-4-967 —

Burial Container —

Handling Fees —

Flower vases – Marker setting fee —

Recording/Filing/Transfer Fees E-12906 L6-4-967 —

Sales taxes —

Actually E-12906 is for payment of a full body interment.

Total Due ⊖

Paid receipt number N/A —

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

See E-20704

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E 20597

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

Pre-Need
lot & trust
231385 231386

City of San Diego

Date 2/1/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry Mitchell & Lola Mitchell

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 11 Section 1 Blk/Row ~ Lot 159 Grave 3

Grave space & Care Fund		2,264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2@533.00	1,066.00
Burial Container		539.00
Handling Fees		454.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	2@65.00	130.00
Sales taxes		41.77
Total Due		4,494.77
Paid receipt number P-01123		900.00
Balance due		3,594.77

I hereby certify I am the X above of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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: Henry Mitchell

X HENRY MITCHELL SR.
Print Name

X 2345 LACONIA ST.
Address

SAN DIEGO 92114
City Zip Code

(619) 582-6038
Telephone

Invoice # _____

Work Order # E 20598

Acct. # _____

2/1/08 Coupons attached

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

Printed on recycled paper

E20598

P

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

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: MITCHELL, Henry (n), Jr.
2. SERVICE NUMBER: 481 67 45
3a. GRADE, RATE OR RANK: FN
b. DATE OF RANK (Day, Month, Year): 1 June 1957
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: NAVY USN-S
5. PLACE OF BIRTH (City and State or Country): Fort Worth, Texas
6. DATE OF BIRTH: DAY 16 MONTH Nov YEAR 36
7a. RACE: NEG
b. SEX: Male
c. COLOR HAIR: Black
d. COLOR EYES: Brown
e. HEIGHT: 71"
f. WEIGHT: 167
g. U.S. CITIZEN: ☒ YES ☐ NO
9. MARITAL STATUS: Married
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: High School - 04
b. MAJOR COURSE OR FIELD: Industrial Arts

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: Transfer to the Reserve
b. STATION OR INSTALLATION AT WHICH EFFECTED: USNAVRECSTA, San Diego, California
c. REASON AND AUTHORITY: BUPERS Man. Art. C-10306(1)(e) Code 203 BUPERS NOTICE 1910
d. EFFECTIVE DATE: DAY 11 MONTH Oct YEAR 57
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: USS PIEDMONT (AD-17)
13a. CHARACTER OF SERVICE: Honorable
b. TYPE OF CERTIFICATE ISSUED: DD 217N

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER: 4 64 36 238
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: #64, Madera, Madera, California
16. DATE INDUCTED: DAY 5 MONTH Mar YEAR 56
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: COM 11 - San Diego, California

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY 4 MONTH March YEAR 62
19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: ☐ ENLISTED (First Enlistment) ☐ ENLISTED (Prior Service) ☐ REENLISTED ☐ OTHER: NA
b. TERM OF SERVICE (Years): NA
c. DATE OF ENTRY: DAY / MONTH NA / YEAR
20. PRIOR REGULAR ENLISTMENTS: NA
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: SR
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): Los Angeles, California
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State): 22490 Elm St., Chowchilla, California
24a. SPECIALTY NUMBER AND TITLE: 0000
b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: Fireman, Marine 7-70.210

25. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	01	07	07
	(2) OTHER SERVICE	00	00	00
	(3) TOTAL (Line (1) + line (2))	01	07	07
b. TOTAL ACTIVE SERVICE		01	07	07
c. FOREIGN AND/OR SEA SERVICE		01	04	02

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NA
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): NA
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE a	DATES (From - To) b	MAJOR COURSES c
NA	NA	NA

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: NA

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE: ☐ YES ☐ NO
b. AMOUNT OF ALLOTMENT:
c. MONTH ALLOTMENT DISCONTINUED:
31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type):
b. VA CLAIM NUMBER: C

AUTHENTICATION

32. REMARKS
NOT ENTITLED TO MOP
RECOMMENDED FOR REENLISTMENT

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State): 3615 Reliant St., San Diego, San Diego, Calif.
34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Henry Mitchell Jr.
35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: L. R. PERCE, CWO, USN, ASST SEP OFF BY DIR OFCO
b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: [illegible]

DD FORM 1 NOV 55 214 REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

1

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

16 chairs
At Need

Date 2-4-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jaime George Garcia Sr. 231387

in a N/A (Type of Burial Container) Funeral, date, time Sat. Feb. 9th 10:00

~~Mass~~ 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 B Section 4 Blk/Row _____ Lot 470 Grave 1

Grave space & Care Fund	426.00
Overtime/Late Arrival Fees Saturday Fee	298.00
Opening/Closing & Setup	149.00
Burial Container	
Handling Fees	
Flower vases – Marker setting Fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	
Total Due	938.00
Paid receipt number R-60672	938.-
Balance due	0

PAID
FEB 7 2008
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.

231393

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

Signature

X Maricella Garcia
Print Name

X 4128 Mississippi Street 3
Address

X SD Ca. 92104
City Zip Code

X 619 665 5964
Telephone

Invoice # _____

Work Order # E 20599

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

(Daughter) x67759
Marcella 533-3998 fax

E20599

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

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Jaime Garcia Ø

Interment Date: 2-4-08 Time: 10:00 MOS

Div: 8 Sect: 4 Blk/Row: ____ Lot: 470 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

E20599

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 67 10711-01

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAIME	G	GARCIA	12/26/1940	01/14/2008	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	MARICELLA GARCIA, DAUGTHER 4128 MISSISSIPPI ST #3 SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
WILLIAMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575	▶ [signature]	01/25/2008

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	01/25/2008	▶ 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
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 2/9/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY, 601-D STREET, LAKE ELSINORE, CA 92530	12B. DATE CREMATED 1-31-08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-4-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PARRISH MARLEY 231384

in a O LINER (Type of Burial Container) Funeral, date, time 2-8-08 FRI 10:00A

Church, Chapel, Graveside _____ : RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1062 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67
Paid receipt number	400.00
Balance due	127.67

PAID FEB - 5 2008 MOUNT HOPE CEMETERY

127.67 pd CCAP 431090 R60666

RENE HAMMAN

CHK 644 R60033

Bal 0

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

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

* Akil Parrish
Signature

* Akil Parrish 231383
Print Name

* 7192 View Crest Dr.
Address

* San Diego 92114
City Zip Code

* (619) 246-7230
Telephone

Invoice # _____

Work Order # E 20600

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20600

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: MARLEY PARRISH

Interment Date: FEB 8, 08 Time: 10:00

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1067 Grave: 1

Grave Laid out by: Norman & Ken

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E 20600

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARLEY	AMIR	PARRISH	01/31/2008	01/31/2008	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	RENEE HAMM, MOTHER 3829 MT. BLACKBURN AVENUE SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sienrika Ryan	2/6/08

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	02/06/2008	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-8-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/4/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary W. Hamilton 231392

in a TS VAULT (Type of Burial Container) Funeral, date, time Thurs, Feb 7, 2008 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 12 Section 2 Blk/Row _____ Lot 77 Grave 7

Grave space & Care Fund E-17258	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 _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 342

Address See attached.

City Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 20601

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need [illegible]-trust

E20601

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-7-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mary W. Hamilton

in a T.S. Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 77 Grave 7 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund PAID IN FULL	—
Opening/Closing & Setup 9-25-02	375.00
Burial Container R-55439	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1,769.38
Paid receipt number R-55293 Down Payment	1500.00
Balance due	269.38

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

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

_____
Signature of recorded holder of deed

Barbara J Berman (342)
Signature

4153 Idaho St #9
Address

San Diego, CA 92104
City Zip Code

(619) 283-2784
Telephone

Invoice # _____

Work Order # E 17258

Acct. # _____

EA-104 (7-96)

This information is available in alternative formats upon request.

E20601

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			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Mary Hamilton

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: ___ Lot: 77 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

E20601

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
MARY	WILLMER	HAMILTON	03/11/1930	01/29/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
TEMECULA	RIVERSIDE	BARBARA J BOWMAN, DAUGHTER 31976 CALLE NOVELDA TEMECULA, CA 92592

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ Mark Jackson	2/01/2008

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	02/01/2008	▶ 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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-2-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

12 chairs

Date 2/4/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shigeru Moriyama 215570

in a Double Depth "B" (Type of Burial Container) Funeral, date, time Feb. 16th Saturday 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 7 Section 11 Blk/Row ~ Lot 131 Grave 3

Grave space & Care Fund E-13853/E19887 0

Overtime/Late Arrival Fees Saturday fee 851.00

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

PAID

FEB 12 2008

MOUNT HOPE CEMETERY

Total Due 851.00

Paid receipt number R60680 851.00

AP0445664 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.

231401

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

Signature

Print Name BRUCE RIYOU MORIYAMA

Address 6738 ARGUS AVENUE

City SAN DIEGO Zip Code CA 92114

Telephone (619) 264 4600 2906

Invoice # _____

Work Order # E 20602

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E2D602

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need
2nd Burial
Pd in Full

Date 09-01-06

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

of Moriyama Family

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 *Section* 11 *Blk/Row* _____ *Lot* 131 *Grave* 3 B

Grave space & Care Fund	E-13853	Ø
Overtime/Late Arrival Fees		
Opening/Closing & Setup		$533.00
Burial Container	DD Crypt B	Ø
Handling Fees	05-04-06 wo# 4902	Ø
Flower vases – Marker setting fee	Purchased gal vase on R-59606	Ø
Recording/Filing/Transfer Fees		$65.00
Sales taxes		Ø

PAID SEP 1 2006 MOUNT HOPE CEMETERY

09-01-06 Total Due Pd by Visa $598.0

Paid receipt number Pd by Visa $598.00

Pd in Full Balance due Ø

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from *any liability on account of said authorization and interment.* Pin # 215570

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

Shigeru Moriyama X
Signature

X Shigeru Moriyama
Print Name

X 6738 Akins Ave
Address

X San Diego, CA.
City Zip Code

X 264-4600
Telephone

David Lugo
Cemetery Mrg.

Invoice # _____

Work Order # E-19887

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20602

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH in with Misao Nakagawa

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

Burial Container D.D.B

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Shigeru Moriyama

Interment Date: Sat. Feb 16th Time: 11:00 G.S.

Div: 7 Sect: 11 Blk/Row: ~ Lot: 131 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 20602

90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHIGERU	-	MORIYAMA	01/08/1918	02/04/2008 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	BRUCE MORIYAMA, SON 6738 AKINS AVENUE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA CA 91911	FD1682	▶	02/12/08

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 ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	02/12/2008	▶ 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 SAN DIEGO CA 92102	11B. DATE BURIED 2-16-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Moriyama		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE	

COPY 2 IS RETAINED BY 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
SD Resident
92113
1-14-08

164334
DOROTHY JOHNSON

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-08

Pin # 231391

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHNSON, ARTHUR GODFREY & W/

in a ASH VAULT (Type of Burial Container) Funeral, date, time AYD 2/7/08

Church, Chapel, Graveside COMPLETED : 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. _____

~~SELECT~~

Division 12 Section 3 Blk/Row _____ Lot 9 Grave 6

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 AP845677 CR CD.	384.12
Balance due	0

PAID
FEB - 5 2008
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.

231390

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

BY PHONE

KIMBERLY McELWEE
Print Name

1122 WEST HUNTINGTON DR #2
Address

ARCADIA, CA 91007
City Zip Code

626-447-1012
Telephone

Signature

FAX 213-607-6301

Invoice # _____

Work Order # E 20603

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20603
69
10663-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	GODFREY	JOHNSON	05/10/1938	01/14/2008	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	MARIE JOHNSON, WIFE 4818 LOGAN 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
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 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: ▶ Claudette Ruiz

8B. DATE SIGNED: 1/18/2008

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	01/18/2008	▶ 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)

CREMATION/ 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 2-7-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fergus	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601-D CRANE ST., LAKE ELSINORE, CA 92530	12B. DATE CREMATED 1-26-08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA. ONLY ENTER LATITUDE 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 2/5/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KOON CHOR CHENG 748

in a T.S. VAULT (Type of Burial Container) Funeral, date, time SATURDAY FEB 16 10:00

Church, Chapel, Graveside _____ : CA BURIAL arrival 1:00 Mortuary.

All Funeral cars 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 7 Lot 6 Grave 3

Grave space & Care Fund <3-28-05> E-17555	0
Overtime/Late Arrival Fees SATURDAY	851.-
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	2,094.51
Paid receipt number A 8078476 3/13 AP 829188	2094.51
Balance due	0

PAID
FEB 8 2008
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

x MADY CHENG
Print Name
x 9442 Capricorn Way
Address
x San Diego CA 92126
City Zip Code
x 858. 663. 7536
Telephone

Invoice # _____

Work Order # E 20604

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20604

OFFICIAL RECEIPT

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

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

61208

Date: 10-6, 2008

From: VALLEY MONUMENT CO Address: 1202 S. SAN GABRIEL BLVD SAN GABRIEL CA 91776

FOUR HUNDRED-NINETEEN & 79/100 Dollars ($ 419 79)

in FULL Payment of MONUMENT FOR 24"X28" (1) GRAY FLOWER VASE FOR CHENG, KOON CHOR

Div 100F Sec 7 Blk/Row Lot 6 Grave 3

Invoice No. 748

Acct. No. E020604

W.O. 6570

BALANCE DUE

☐ Money Order
☐ Charge
☑ Check 46021

AC-212A (11-05) 10/1/2008

This information is available in alternative formats upon request.

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

PAID

OCT 06 2008

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	23	—
Recording &	100		
Misc. Fees	77183	395	32
Sales Tax	60101	1	47
	78390		
TOTAL PAID	$	419	79

376.52
19.00

E206004

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: Koon Cheng

Interment Date: 2/16/08 Time: 10:00 chapel SAT

Div: IOOF Sect: — Blk/Row: 7 Lot: 6 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 20604

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 79

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KOON CHOR	-	CHENG	04/19/1928	02/07/2008	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	MADY CHENG, DAUGHTER 9442 CAPRICORN WAY 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
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	Victoria Mitchell	2/14/08

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	02/14/2008	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 2-14-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL David Morrison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

Preneed
LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/5/2008

231376 231375

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Felipe Herrera & Hildeliza Herrera

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 229 Grave 10

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 $65 x 2	130.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number P-01128	899.00
Balance due	3,595.77

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

231375

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

Hildeliza Herrera (Signature)

Hildelisa Herreras (Print Name)

715 DEWEY St (Address)

(619) 595-0542 (Telephone)

San Diego CA 92113 (City, Zip Code)

Invoice # _____

Work Order # E 20605

Acct. # _____

REA-104 (3-04) 2/11/08 Mailed copies

This information is available in alternative formats upon request.

E 20605

61669 231615

OFFICIAL RECEIPT

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

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

Date: 5/14, 2009

From: Hilaeliza Herrera Address: 715 Dewey Street

One hundred forty nine — 82/00 Dollars ($ 149.82)

in MO # 1022459345610 Payment of E-20605

Div 12 Sec 2 Blk/Row Lot 229 Grave 10

Invoice No.

Acct. No. E-20605

W.O.

BALANCE DUE $1198.65

1022459345610

☑ Money Order
☐ Charge
☐ Check

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

RECEIVED
MAY 14 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	149.	82
Sales Tax	60101		
	78390		
TOTAL PAID	$	149.	82

ACCT 6 63033

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

E20606

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GRICE JAMES S.

in a DD (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 132 Grave 5

Grave space & Care Fund	$2264.00
Overtime/~~Late Arrival Fees~~ 2ND BURIAL	598.00
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	4494.77
Paid receipt number CHK #121 R60667	4494.77
Balance due	0

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

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

X _____
Signature

X MRS Eddie MAE GRICE
Print Name

X 2054 PIERINO DR
Address

X SAN DIEGO, CA 92114
City Zip Code

X 619 264-8192
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20606

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20606

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 2/4 2:00

CALL TAKEN BY: Pallett

RECEIVED CALL FROM:

- [x] MORTUARY NAME: Ragsdale - (Kevin)
- [ ] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON:

TELEPHONE NO:

NAME OF DECEASED:

LAST NAME: Grice

FIRST NAME: James

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: 2/9/08 TIME OF SERVICE: 11:00

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: per Joseph will call us on date 2/5

E 20608

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME-FIRST NAME-MIDDLE NAME	2. SEX	3. SOCIAL SECURITY NUMBER	4. DATE OF BIRTH	YEAR	MONTH	DAY
GRICE, JAMES SWANSON	M	244 36 3749		30	08	12

5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	6 a. GRADE, RATE OR RANK	b. PAY GRADE	7. DATE OF RANK	YEAR	MONTH	DAY
USN - NAVY	HM1	E-6		68	04	16

8 a. SELECTIVE SERVICE NUMBER	b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE	c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code)
49 14 30 207	14, WASHINGTON, D. C.	WASHINGTON, D. C.

9 a. TYPE OF SEPARATION	b. STATION OR INSTALLATION AT WHICH EFFECTED
DISCHARGE	HELANTISUBRON FOUR

c. AUTHORITY AND REASON	d. EFFECTIVE DATE	YEAR	MONTH	DAY
BUPERSMAN 3840240.2c - 208- TO IMMEDIATELY REENLIST		74	01	09

e. CHARACTER OF SERVICE	f. TYPE OF CERTIFICATE ISSUED	10. REENLISTMENT CODE
HONORABLE	DD256N	RE-R1

11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	12. COMMAND TO WHICH TRANSFERRED
HELANTISUBRON FOUR	NA

13. TERMINAL DATE OF RESERVE/MSS OBLIGATION			14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code)	15. DATE ENTERED ACTIVE DUTY THIS PERIOD		
YEAR	MONTH	DAY		YEAR	MONTH	DAY
NA	NA	NA	IMPERIAL BEACH, CA	70	03	10

16 a. PRIMARY SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER
HM 0000	079 MEDICAL ASSISTANTS

17 a. SECONDARY SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER
HM 8000	079 MEDICAL ASSISTANTS

18. RECORD OF SERVICE	YEARS	MONTHS	DAYS
(a) NET ACTIVE SERVICE THIS PERIOD	03	10	01
(b) PRIOR ACTIVE SERVICE	11	05	00
(c) TOTAL ACTIVE SERVICE (a + b)	15	03	01
(d) PRIOR INACTIVE SERVICE	02	04	27
(e) TOTAL SERVICE FOR PAY (c - d)	17	07	28
(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD	03	08	07

19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964
[X] YES [ ] NO

20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years)
SECONDARY/HIGH SCHOOL 12 YRS (1-12 grades) COLLEGE 01 YRS

21. TIME LOST (Preceding Two Yrs)	22. DAYS ACCRUED LEAVE PAID	23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE	24. DISABILITY SEVERANCE PAY	25. PERSONNEL SECURITY INVESTIGATION	
				a. TYPE	b. DATE COMPLETED
NONE	+60	[X] $15,000 [ ] $5,000 [ ] $10,000 [ ] NONE	[X] NO [ ] YES AMOUNT	ENTNAC	01 AUG 82

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

THIRD GOOD CONDUCT AWARD X X X X X X X X X X X X X X X X X
VIETNAM SERVICE MEDAL (FOUR BRONZE STARS) X X X X X X X X X X X X X X X

27. REMARKS

GRAMMAR SCHOOL: 08 YEARS X X X X X X X X X X X X X X
HIGH SCHOOL: 04 YEARS X X X X X X X X X X X X X X
COLLEGE: 01 YEARS X X X X X X X X X X X X X X

28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code)
2054 PIERINO DRIVE
SAN DIEGO, CA 92124

29. SIGNATURE OF PERSON BEING SEPARATED
JAMES SWANSON GRICE

30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER
R. A. DIBBLE, LT, USN
PERSONNEL OFFICER

31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

E 20608

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

77

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAMES	SWANSON	GRICE	08/12/1930	02/02/2008	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	EDDIE MAE GRICE, WIFE 2054 PIERINO 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 – Performing permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sienrika Pryor	2/6/08

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	02/06/2008	▶ 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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2/9/08	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. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2.5.08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GRICE James S. 231389

in a D Depth "A" (Type of Burial Container) Funeral, date, time SAT 2-9-08 12:00

Church, Chapel, Graveside _____ . RAGSDALE Mortuary.

SVC 11200

All Funeral cars 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 5

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	856.00
Opening/Closing & Setup x (2)	1066.00
Burial Container	539.00
Handling Fees	459.00
Flower vases + Marker setting fee VA	178.00
Recording/Filing/Transfer Fees 2 x 65	130.00
Sales taxes	41.77
Total Due	5523.77
Paid receipt number CHK 121/122 R60658	5523.77
Balance due	0

PAID FEB - 6 2008 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.

231388

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

X _____ Signature

X EDDIE MAE GRICE Print Name

X 2054 PIGRINO DR Address

X S.D. City 92114 Zip Code

X 619-264-8192 Telephone

Invoice # _____

Work Order # E 20607

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-6-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walker-Gastelum, Mary Louise 231381

in a T-S. (Type of Burial Container) Funeral, date, time 2-8-08 FRI 12:00

Church, Chapel, Graveside _____ : FGATHERIGILL Mortuary.

11:00

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 84 Grave 4

Grave space & Care Fund E20506 PD 12-4-07 0

Overtime/Late Arrival Fees (SEE ATTACHED)

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

Total Due 0

Paid receipt number N/A

Balance due 0

I hereby certify I am the 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.

231288

Regina M. Kem
Print Name

4546 52nd St #207
Address

San Diego Ca 92115
City Zip Code

619 255-7522
Telephone

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

Regina M. Kem
Signature

Invoice # _____

Work Order # E 20608

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20608

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need
Lot/Trust

Date 12/04/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mary Louise Castelum Walker

in a Topseal 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 2 Lot 84 Grave 4

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263.00
Flower vases - Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	3,685.51
Paid receipt number B-01061 B-01062	-178.00 -3,507.51
Balance due	Ø

PAID
DEC 4 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.

231 288

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

x Regina M. Leon
Signature

x REGINA M. LEON
Print Name

x 4546 52 st #207
Address

x San Diego CA. 92115
City Zip Code

x 619-255-7522
Telephone

Paulette

Work Order # E 20506

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20608

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 I.S. VAULT

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: _____

Interment Date: _____ Time: _____

Div: 12 Sect: 1 Blk/Row: ____ Lot: 84 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

E 20608

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
MARY	LOUISE	WALKER	12/06/1926	02/04/2008	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	REGINA M. LEON, DAUGHTER 4546 52ND ST. #207 SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Doing	02/07/2008

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	02/07/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-8-08	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

Pre-need
Lot, trust 231400

Date 2-6-08

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

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 2 Section 2 Blk/Row 4 Lot 24 Grave 1

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 M/C 259532	3,358.93
Balance due	0

PAID
FEB 6 2008
MOUNT HOPE CEMETERY

I hereby certify I am the 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.

231400

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

Tanya Hatch
Signature

TANYA HATCH
Print Name

2750 WHEATSTONE ST SPC 129
Address

SAN DIEGO CA 92111
City Zip Code

858-279-1568
Telephone

Invoice # _____

Work Order # E 20609

Acct. # _____

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

2/27 Mailed Deed.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

on grave of Sergius & Eugenia

Date 2/6/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katherine Hatch 646

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

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

Grave space & Care Fund	~~0~~
Overtime/Late Arrival Fees	—
Opening/Closing & Setup — paid 11/25/2002	—
Burial Container — ASH VAULT	79.—
Handling Fees	85.—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees — paid 11/25/2002	—
Sales taxes	6.12
Total Due	$ 170.12
Paid receipt number 80% of lot E-17452	$ 240.00
~~Balance due~~ Refund	+ 69.88

DP 4210956

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 # 646 I hold under deed.

Katherine M Hatch
Signature

KATHERINE HATCH
Print Name

PO BOX 71
Address

LA JOLLA CA 92038
City Zip Code

858 882 7970
Telephone

Invoice # _____

Work Order # E 20610

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20610

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/25/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katherine Hatch (646)

in a ASH BURIAL 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 245 Grave 1 Row _____ Section 4 Division/Block 8

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	450.00
Paid receipt number R55652	450.00
Balance due	-0-

PAID
NOV 25 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

2/6/08 DP 4210956 Refund of lot Ser E-20610

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

X Katherine M. Hatch (646)
Signature

X 6916-1 PARK MESA WAY
Address

X SAN DIEGO, CA 92111
City Zip Code

X 858-349-2707
Telephone

Invoice # _____

Work Order # E 17452

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ESTATE CASE

Date 2/6/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Delores Pierce 231395 15th

in a Liner (Type of Burial Container) Funeral, date, time FRIDAY 11:00 2/15

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 12 Section 2 Blk/Row _____ Lot 239 Grave 1

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	237.00
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	4,702.82
Paid receipt number R 60676	4,702.82
Balance due	0

PAID
FEB 11 2008
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
231396

Invoice # _____

Work Order # E 20611

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20611

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: Delores Pierce

Interment Date: Friday 11.02 G.S. Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 239 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

#20611

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/6/08

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

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

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 12 Section 2 Blk/Row _____ Lot 239 Grave 1

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	237.00
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	4,702.82
Paid receipt number	
Balance due	

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

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

X Felicia Haury (Signature)

X Felicia Haury (Print Name)
X 5201-A Ruffin Rd (Address)
X San Diego, CA 92123 (City, Zip Code)
X (858) 495-5649 (Telephone)

Invoice # _____

Acct. # _____

Work Order # E 20611

REA-104 (3-04)

This information is available in alternative formats upon request.

E 20611

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
JEAN M. SHEPARD, DIRECTOR

LORI G. BAYS
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(858) 694-3500 FAX (858) 694-3987

FAX COVER SHEET

DATE: 02/06/2008

FAX TO:

NAME: Maria Dovensky, Mount Hope Cemetery

AGENCY NUMBER: (619) 527-3403

FROM:

NAME: FELICIA HAURY, Deputy Public Guardian

TELEPHONE NUMBER: (858) 495-5649

FAX NUMBER: (858) 694-3987

SUBJECT: Delores Pierce

NUMBER OF PAGES (NOT INCLUDING THIS COVER SHEET): 1

MESSAGE:

Interment Order attached. Thank You

E 20e11

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
DELORES	-	PIERCE	11/20/1923	02/04/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	FELICIA HAURY, PUBLIC GUARDIAN 5201 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
CREMATION & BURIAL SOCIETY OF SAN DIEGO, 5252 BALBOA AVENUE STE.801 SAN DIEGO, CA 92117	FD1929	▶ Leah Berlstrom	02/08/2008

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	02/08/2008	▶ 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 92101	11B. DATE BURIED 2/15/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins		
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.)

Pre need
To at need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/6/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Perkins 228583

in a TS VAULT (Type of Burial Container) Funeral, date, time Tue, Feb 19, 2008-1pm

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 12 Section 2 Blk/Row ____ Lot 103 Grave 4

Grave space & Care Fund E-18960	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 ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 # ____

Acct. # ____

Work Order # E 20612

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20612

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot & trust

Date 2-17-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Margaret Perkins 228588

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

Church, Chapel, Graveside : Mortuary.

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

Division 12 Section 2 Blk/Row — Lot 103 Grave 4

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	* 413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fe	* 50.00
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R-58566	1948.31
Balance due	0

PAID

FEB 28 2005

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.

228588

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

Signature: Margaret Perkins

Paulette

Work Order # E 18960

Print Name: Margaret Perkins

Address: 4648 Kansas Street #9

City: San Diego, CA Zip Code: 92116

Telephone: 619-282-1832

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20612

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			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Margaret Perkins

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 103 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

E 20612

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 89

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARGARET	-	PERKINS	11/04/1918	02/06/2008	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	BARBARA EVERTS, NEICE 3100 IPSWICH DR. PLANO, TX 75025

7A. TYPED NAME AND ADDRESS OF 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. Doris	02/15/2008

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	02/15/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-19-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-8-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of "PATRICIA" SPIKES - COSBY 231403 FPI

in a TS (Type of Burial Container) Funeral, date, time FEB 15, 08, 12:00 PM

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 237 Grave 11

Grave space & Care Fund	300-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708-
Burial Container	472-
Handling Fees	350-
Flower vases – Marker setting fee	85-
Recording/Filing/Transfer Fees	
Sales taxes	36.58
Total Due	4662.58
Paid receipt number R60634	4662.58
CHK 1481 Balance due	0

PAID FEB 8 2008 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.

M Spikes
Signature

MARGIE SPIKES 231402
Print Name

6105 BENSON AVE.
Address

SAN DIEGO 92114
City Zip Code

(619) 243-5036
Telephone

Invoice # _____

Work Order # E 20613

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20613

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			

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

Blind check Initiated by: _____ Date: _____

Interment space for: _____

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 237 Grave: 11

Grave Laid out by: Herman P Ken

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E 20613

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
PATRICIA	ANN	SPIKES-COSBY	09/27/1958	02/05/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VALLEJO	SOLANO	DONALD B. COSBY, HUSBAND 160 NANTUCKET LANE VALLEJO, CA 94590

7A. 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
FOUCHES HUDSON FUNERAL HOME, 3665 TELEGRAPH AVE OAKLAND, CA 94609	FD443	▶ [signature]	02/08/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	02/08/2008	▶ RONALD W CHAPMAN

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CA, IN PERSON	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	SOLANO HEALTH DEPARTMENT 355 TUOLUMNE STREET VALLEJO, CA 94590	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO,CA 92102	11B. DATE BURIED 2/15/08	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. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer from

Date 2/8/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 8, 1, 593 + 594 to MASON, C, 10, 11 + 12

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 MASON Section C Blk/Row _____ Lot 10 Grave 11 + 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 tax .....

PAID
FEB 11 2008
MOUNT HOPE CEMETERY

Total Due ..... $ 65.00

Paid receipt number MC AP093411 65.00

Balance due Ø

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

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

X Mary Jean Arneson
Signature

X MARY JEAN ARNESON
Print Name

X 2728 RUSSMAR DR
Address

X SAN DIEGO 92123
City Zip Code

X (858) 277-5891
Telephone

Invoice # _____

Work Order # E 20614

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

At NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/8/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JACK T. ARNESON ⊗ 219050

in a ASH VAULT (Type of Burial Container) Funeral, date, time TUES. Feb. 26th 2:00

Church, Chapel, Graveside _____ : CLAIREMONT Mortuary.

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

will be applied and billed to undersigned. _____

Division MAS Section C Blk/Row ~ Lot 10 Grave 11

Grave space & Care Fund	⊖
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	384.12
Paid receipt number MC AP093411	384.12
Balance due	Ø

PAID
FEB 11 2008
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 Mary Jean Arneson

Print Name 209064

Address

City See E-20614 Zip Code

Telephone

Invoice # _____

Work Order # E 20615

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

did not inventory

E20615

MT. HOPE GEMETERY

INTERMENT ORDER

City of San Diego

Transfer from

Date 2/8/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 8,1,,593+594 to MASON, C,, 10, 11+12

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 MASON Section C Blk/Row _____ Lot 10 Grave 11+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 .....

PAID
FEB 11 2008
MOUNT HOPE CEMETERY

Total Due $ 65.00

Paid receipt number MC AR093411 65.00

Balance due Ø

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

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

X Mary Jean Arneson
Signature

X MARY JEAN ARNESON
Print Name

X 2728 RUSSMAR DR
Address

X SAN DIEGO 92123
City Zip Code

(858) 277-5891
Telephone

Invoice # _____

Work Order # E 20614

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E20615

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

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Jack Arneson Ø

Interment Date: 2/19 Time: Tues. Feb. 19

Div: Mas Sect: C Blk/Row: ____ Lot: 10 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 80 20615

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

ID#26803

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JACK	THOMAS	ARNESON	07/17/1927	02/07/2008	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	MARY ARNESON, WIFE 2728 RUSSMAR DRIVE SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY, 4266 MT ABERNATHY AVE SAN DIEGO, CA 92117	FD 1126	▶ Nia R. Bad	02/14/2008

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	02/14/2008	▶ 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
CREMATION/BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-20-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ETERNAL HILLS CREMATORY - 1999 EL CAMINO REAL, OCEANSIDE, CA 92054	12B. DATE CREMATED 2-15-08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/11/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KING, HELEN JEAN ⊗

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

Church, Chapel, Graveside _____, CA BURIAL Mortuary

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

Division 10 Section _____ Blk/Row _____ Lot 5178 Grave 1

Grave space & Care Fund	
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	
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.

Signature

Print Name: Keniya Watson

Address: 10174 truett LN.

City: S.D. Zip Code: CA 92124

Telephone: (858) 384-7690

Invoice # _____

Work Order # E 20616

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20616

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Velma Louise King

in a Liner (Vault, Liner) Funeral, date, time Mon 4-4 1:00 PM

(Church) Chapel, Graveside Church & HS ; Pagsdale 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 5178 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	1301.00
Paid receipt number	
Balance due	

Paid 6/2/88

30 day note

Owner James King (see Back)

I hereby certify I am the (Mother) Carolyn J Norwood of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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

Carolyn J Norwood
Signature
7721 Grubb St
Address
San Diego Ca 92114
State Zip Code
267-6996
Telephone

Invoice [redacted]

Acct. [redacted]

Work Order # E 7321

PY-583 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 2/11/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Francisco Jimenez 231406

in a Double Depth "A" (Type of Burial Container) Funeral, date, time Feb 19 @ 12:00 (Tues)

Church, Chapel, Graveside _____ ; ELCAMINO Mortuary.

All Funeral cars 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 212 Grave 7

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number MC 69528 AP	3,896.77
Balance due	0

PAID
FEB 11 2008
MOUNT HOPE CEMETERY

CDL N3053239 2003

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.

231405

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

Janice A. Jimenez
Signature

Janice A. Jimenez
Print Name

1175 Ilexey Ave
Address

San Diego CA 92154
City Zip Code

619-428-4929
Telephone

DEED MAILED 6-18-08

Invoice # _____

Work Order # E 20617

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20617

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
FRANCISCO	HURTADO	JIMENEZ	12/13/1925	02/09/2008	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	JANICE A. JIMENEZ, WIFE 1175 ILEXEY AVE SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-IMPERIAL AVE, 3953 IMPERIAL AVE SAN DIEGO, CA 92113	FD-670	Lisa Castro	2/15/2008

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	02/15/2008	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 2-18-08	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 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.)

E20617

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 "A"

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Francisco Jimenez

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: — Lot: 212 Grave: 7

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

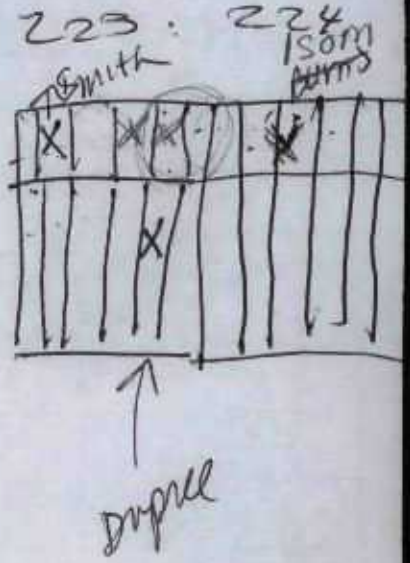
Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

Betram D Smith

12, 2,, 223, 2

12, 2,, 224, 3



AT NGBD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-11-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KIMBERLEY MARIE PIERSON 231407

in a LINER (Type of Burial Container) Funeral, date, time 2/19/08 TUE: 1:00 ~~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 12 Section 2 Blk/Row _____ Lot 171 Grave 10

Grave space & Care Fund E18717 PD 1-20-06	0
Overtime/Late Arrival Fees	-
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	-
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	1094.93
Paid receipt number R60677	1094.93
Balance due	0

MONEY ORDER 300 300 300 194.93

PAID FEB 14 2008 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.

-202

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

Signature: June M Davis

Print Name: June M Davis

Address: 2119 Blue Haven Court

City: San Diego CA Zip Code

Telephone: 619 737 1182 6468104

Invoice # _____

Work Order # E 20618

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20618

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PRE NEED LOT

228204

Date 9/24/2004

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FOR JUNE MARIE WILSON PIERSON DAVIS

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 171 Grave 10

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	985.00
Paid receipt number SV18A	246
Balance due	739

PAID JAN 20 2006 MOUNT HOPE CEMETERY

Pd in full for lot on 1/20/06 $615.- by Visa paulette

1-4-06 sent to collections Invoice #433392 account #128569

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

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

Signature _____

Paulette

228204

Print Name JUNE MARIE WILSON PIERSON DAVIS

Address 3146 Deer Flower RD.

City San Diego CA Zip Code 92115

Telephone 619 2652968

Invoice # 433392

Acct. # 128569

Work Order # E 18717

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

3832 Beta St.

E20618

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: Kimberly M. Pierson

Interment Date: 2/19/08 Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 171 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

E 20618

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

44

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KIMBERLY	MARIE	PIERSON	05/13/1963	02/10/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	JUNE DAVIS, MOTHER 2119 BLUEHAVEN CT. SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689	▶ Claudette Lum	02/19/08

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 ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	02/19/2008	▶ 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)

BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY,3751 MARKET ST.,SAN DIEGO,CA 92102	11B. DATE BURIED 2-19-08	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.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 20618

61629

OFFICIAL RECEIPT

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

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

M. Wilson - pin 202

Date: 05/01, 20 09

From: June Davis Address: 2119 Bluehaven Ct San Diego, CA 92154

Two Hundred, Eleven and 23/00 Dollars ($ 211.23)

in Full Payment of Setting fee for Kimberly M. Pierson & Galvanase

Div 12 Sec 2 Blk/Row ~ Lot 171 Grave 10

Invoice No. E-20618

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☑ Charge
☐ Check AP 113528

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

RECEIVED
MAY 1 2009
BY

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	192.00
Misc. Fees	77183	
Sales Tax	60101	1.23
	78390	
TOTAL PAID	$	211.23

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 2-12-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JUAN RAMIREZ 228601 2/14/08

In a NO ASH VAULT REQD (Type of Burial Container) Funeral, date, time 9 am 2

Church, Chapel, Graveside (COMPLETED) ; ~~[illegible]~~ AZTLAN Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 304 Grave 1

Grave space & Care Fund E19014 PD 3-22-05 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes 0

Total Due 0

Paid receipt number — _____

Balance due 0

2/15/08 no transfer from Pre need trust funds were deposited to funeral fund see attached

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

Print Name: GRACIELA RAMIREZ

Address: 3340 IMPERIAL AVE

City: SAN DIEGO Zip Code: 92102

Telephone: CA 619-795-3004

Invoice # _____

Work Order # E 20619

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

20619

20619

Pre-need lot/trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose Juan Ramirez

in a No Ash Vault Reg (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

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

will be applied and billed to undersigned.

Division 8 Section 4 Blk/Row Lot 304 Grave 1

Grave space & Care Fund	530.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	—
Total Due	496.00
Paid receipt number R-58652	496.00
Balance due	—

PAID

MAR 22 2005

MOUNT HOPE CEMETERY

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

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

Signature Juan Ramirez

Print Name

Address 3340 Imperial Ave

City S.D. CA Zip Code 92102

Telephone 619-795-3004

Invoice #

Acct. #

Paulette

Work Order # E 19014

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58652

Date: March 22, 20 05

From: Juan Ramirez Address: 3340 Imperial Ave. SD CA 92102

Four Hundred Ninety-Six

in Full Payment of Pre-need Lot and Trust Paid in Full Dollars ($ 496.00)

Div 8 Sec 4 Blk/Row Lot 304 Grave 1

Invoice No. E-19014

Acct. No.

W.O.

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ MP 08-25052165

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

MAR 22 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT		
20% Sales Care	67007	66.00
80% Sales	77184	264.00
of Lots	100	
Opening/	77184	116.00
Closing	100	
Burial	77181	—
Containers	100	
	77182	—
	100	
Handling Fee	77185	—
Recording &	100	
Misc. Fees	77183	50.00
Pre-Need	63033	—
Trust	77186	—
Sales Tax	60101	—
	78390	—
TOTAL PAID	$	496.00

E 20619

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: Juan Ramirez

Interment Date: _____ Time: _____

Div: 8 Sect: 4 Blk/Row: ____ Lot: 304 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

E 20619

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

59 10792-02

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JUAN	-	RAMIREZ	03/09/1948	02/05/2008	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	VALERIANO RAMIREZ, FATHER 3544 WEBSTER 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
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 stated herein is on of the 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: Flora Juarez

8B. DATE SIGNED: 02/07/2008

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	02/07/2008	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): CR/BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2/14/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kenneth Collins		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CA CREMATORY 601-D CRANE ST. LAKE ELSINORE, CA 92530	12B. DATE CREMATED 02/11/08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 103050.

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

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

Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/4/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Antonio Martinez Cebreros 148189

in a _____ (Type of Burial Container) Funeral, date, time Mon. Mar 10 (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 12 Section 3 Blk/Row _____ Lot 129 Grave 11

PAID
MAR 04 2008
MOUNT HOPE CEMETERY

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees Disinterment	1,887.00
Sales taxes	—
Total Due	1,887.00
Paid receipt number R-60681	1,887.00
Balance due	Ø

Mortuary to pay

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

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 20620

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20420

2/5/2008
ID as
Antonio
Martinez
Ceberos

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ME 98-1416 Date 6-22-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA #19991280

in a double depth (Type of Burial Container) Funeral, date, time Fri 6-25

Church, Chapel, Graveside _____ Funeraria Gallegos Mortuary.

All Funeral cars must arrive before ~~8:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 129 Grave III I Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	120.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	-0-

PAID 8-10-99

Nancy Hobbs P.A.

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

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

Signature of recorded holder of deed

Signature

Address See attached

City Zip Code

Telephone

Invoice # _____

Work Order # E 15109

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20620

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
ANTONIO	-	MARTINEZ CEBREROS

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	05/25/1968	06/18/1998	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
CAMPO	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
JUDY EVANS	DEPUTY P.A.	FUNERARIA AZTLAN 7856 LA MESA BL, LA MESA, CA 91941 FLORA JUAREZ	FD-1658

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
5201-A RUFFIN RD., SAN DIEGO, CA 92123

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ [signature] — 9B. DATE SIGNED: 02/22/2008

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION
This permit is issued in 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.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/22/2008	▶ 2800328

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

- ☐ A. BURIAL OR SCATTERING IN A CEMETERY (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 OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY
- ☐ I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601 CRANE ST, LAKE ELSINORE, CA 92530	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED PANTEON MUNICIPAL DE PERICOS, MOCORITO, SINALOA, MEXICO	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

129-11T-3-12

ME-98-1416

E 20620

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND,

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	-	DOE	UNKNOWN	08/02/1998	

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CAMPO	SAN DIEGO	JUDY EVANS-DEPUTY PUBLIC GUARDIAN, 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN 2436 MARKET ST., SAN DIEGO, CA 92102	FD-1658	▶ [signature]	06/17/1999

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	6/18/99	J Q. RODRIGUEZ ▶ [signature]

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED: 6-25-99	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 AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

129-11T-3-12 E 20620

APPLICATION AND PERMIT FOR DIS

USE BLACK INK ONLY—MAKE NO ERASURES

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMIL
JOHN	-	DOE

5A. CITY OF DEATH	5B. COUNTY OF D ENTER STATE
CAMPO	

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B

FUNERARIA AZTLAN
2436 MARKET ST., SAN DIEGO, CA 92102

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 710

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 FI

$ 7.00

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

VITAL RECORDS P.O. BOX 85222
SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAIN
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SU FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, C CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH

TRANSMISSION REPORT

(TUE) FEB 12 2008 13:55 — P.1

User /Account	:
DESTINATION	: 93378300
DEST. NUMBER	: 93378300
F-CODE	:
PAGES	: 1page
RESULT	: OK

DOCUMENT#	: 7500000-647
TIME STORED	: FEB 12 13:54
TX START	: FEB 12 13:54
DURATION	: 21sec
COM. MODE	: ECM

E20620

County of San Diego

GLENN N WAGNER, D.O.
CHIEF MEDICAL EXAMINER

CHRISTINA STANLEY, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

DEPARTMENT OF THE MEDICAL EXAMINER
5555 Overland Ave., Suite 1411, San Diego, California 92123-1270
TEL: (858) 694-2895 FAX: (858) 496-5956

February 5, 2008

City of San Diego
Mount Hope Cemetery
3751 Market Street
San Diego CA 92102

Attn: Cemetery Records – Maria 619-527-3403

Re: John Doe (Medical Examiner Case #98-1416)

Ladies and Gentlemen:

This letter is to inform you of the identification of John Doe, Medical Examiner case number 98-1416. The date of death of John Doe was 08/02/1998. He was positively identified on 02/05/2008 through a fingerprint comparison.

The decedent's identity has been established as: Antonio Martinez Cebreros with date of birth of 05/25/1968. His next of kin was determined to be his brother Lino Martinez Cerebros 8972 Tope Avenue South Gate CA 90280. Could you please respond to this notice and provide this decedent's plot location?

Thank you for your assistance in this matter.

Sincerely,

Gretchen B. Geary

Gretchen B. Geary
Medical Examiner John/Jane Doe Investigator

Public Administrator number not available

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/13/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Velia Correa 231397

in a DDCrypt "B" (Type of Burial Container) Funeral, date, time Friday, Feb 15 @ 12:30

Church, Chapel, Graveside _____ ; Heath Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 191 Grave 1

Grave space & Care Fund E-16337	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	793.00
Total Due	793.00
Paid receipt number R-60684	793.00
Balance due	0

PAID
FEB 13 2008
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.

231397

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

Signature

Tony R. Contreras
Print Name

238 Ulric St
Address

San Diego 92113
City Zip Code

619-847-8818
Telephone

N.R.

Invoice # _____

Work Order # E 20621

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

#20621

1st Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/17/01

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

In a Double Depth (Type of Burial Container) Funeral, date, time Tues 4-24 12:30

Church, Chapel, Graveside ; Humphrey 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 191 Grave 1 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	
Recording and filing fee	45.00
Sales taxes	28.50
Total Due	2043.50
Paid receipt number VISA	511.00
VISA Balance due	1,532.50

PAID
APR 23 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the X COUSIN 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.

Tony R. Contreras

X Tony R Contreras
Signature

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

Olivia Contreras
Signature of recorded holder of deed

X 1604 Woodrow Ave
Address

X Lemon Grove 91964
City Zip Code

X (619) 463-8646
Telephone

Work Order # E 16337

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E20621

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Adriana Correa

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

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 191 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

E 20621
76

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VELIA	-	CORREA	05/09/1931	02/12/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	TONY CONTRERAS, NEPHEW 2031 LA SALLE CT. CHULA VISTA, CA 91913

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
HEATH FUNERAL HOME, 611 HIGHLAND AVE NATIONAL CITY, CA 91950	FD807	Sharon Burke	2-15-08

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	02/14/2008	WILMA WOOTEN, MD #2453

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER 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 9/15/08	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. (HEALTH AND SAFETY CODE SECTION 7116.)

AT NGGH

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-13-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HELEN R. GAINES 228231

in a T.S. (Type of Burial Container) Funeral, date, time FEB 19, 08 TUE; 3:00

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 75 Grave 11

Grave space & Care Fund E 18751 PD 10-06-04 ~~0~~

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases – Marker setting fee ~~237.00~~

Recording/Filing/Transfer Fees OVERTIME Arrival 2:45 ~~213.00~~

Sales taxes _____

Total Due ~~450.00~~

Paid receipt number _____

Balance due ~~0~~

2/20/08 no interfund transfer was processed monies was deposited into general fund 10/2004

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 20622

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

F 20622

FINAL

Sherwood Mortuary, INC.

"Fourth Generation in the Mortuary Profession"

CA License No. FD-1329

5050 Federal Blvd. San Diego, California 92102-2615

Phone: (619) 263-3141 Fax No. (619) 263-1507

FOR MORE INFORMATION ON FUNERAL, CEMETERY, AND CREMATION MATTERS, CONTACT: THE DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU, 1625 N. MARKET BLVD, STE 208, SACRAMENTO, CA 95834; TELEPHONE (916) 322-7737

NO. 2008-029

Deceased:	Helen R. Gaines
Date of Death:	February 12, 2008
Place of Death:	San Diego
Date of Statement:	February 13, 2008

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Basic Service of Funeral Director & Staff	$1,350.00	
Embalming	$650.00	
Other preparation of body	$295.00	
Other		
Other		
Sub Total:		**$2,295.00**

2. Facilities, Equipment & Staff:

Use of Facilities /visitation/slumber room	$200.00	
Use of Facilities/Staff for Funeral Ceremony	$300.00	
Use of Facilities/ Staff for Memorial Service		
Use of Equipment/Staff for Graveside Service		
Use of Equipment/ Staff for Church Service		
Saturday Overtime Fee		
Committal:	$200.00	
Other:		
Sub Total:		**$700.00**

3. Transportation:

Transfer of Remains to Funeral Home	$350.00	
Use of casket/coach hearse	$350.00	
## 3 Limos @ $350 ea	$1,050.00	
Sedan		
Flower Car		
Service / Utility Vehicle		
Sub Total:		**$1,750.00**

4. Other Services/Facilities/Equipment

Statistical Processing		**$200.00**
TOTAL OF SERVICE SELECTED		**$4,945.00**

B. CHARGE FOR MERCHANDISE SELECTED

Batesville Desert Champagne		$1,800.00
Outer Burial Container		
Name & No.		
Acknowledgement Cards		
Register Book and Thank You Cards		$50.00
Memory Folders/Prayer Cards		
## 175 @ $2.00 ea		$350.00
Insert Panel		$150.00
Other: Air Tray		
TOTAL OF MERCHANDISE SELECTED		**$2,350.00**

SPECIAL CHARGES

Receiving Remains From:	
Forwarding Remains:	
Immediate Burial	
Direct Cremation	
Cremation of Adult Human Remains	
TOTAL OF SPECIAL CHARGES	**$0.00**
TOTAL FUNERAL HOME CHARGES	**$7,295.00**

(This does not include Cash Advances)

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct creation or immediate burial. If we charged for embalming. We will explain why below.

CASH ADVANCES

Enter Number of Death Certificates	5
Certified Death Certificates Ea.	$60.00
Permit ($11)	$11.00
Minister	
Letha Brown	$150.00
Paid Newspaper Notice	
Mt. Hope Cemetery	$450.00
Escorts: 2 @ $125 ea.	$250.00
Medical Examiner	
Assignment fee	
TOTAL CASH ADVANCES	**$921.00**

We charge you for our services in obtaining: (specify cash advance items).

SUMMARY

Total Funeral Home Charges	$7,295.00
Local Sales Tax (If Applicable)	
State Sales Tax @7.75%	$182.13
Total Cash Advances	$921.00
GRAND TOTAL	**$8,398.13**
Less Credit and Payments	
Cashier's ch. Reggie Gaines	**$7,994.25**
Credit card payment-Mr. Gaines	**$403.88**
Total Credits	**$8,398.13**
Balance Due:	**$0.00**

Billing To:

Paid in full!

DISCLOSURES

Reason for embalming: Permission from next-of-kin for the temporary preparation of human remains.

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

CA law requires permit for disposition

Terms of Payment:

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Full Payment is due no later than:

If any payment is not paid when due, an unanticipated LATE CHARGE of 1.5% per month (ANNUAL PERCENTAGE RATE 18%) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fee and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

Signed *Dated*

Social Security Number:

X

Signed *Dated*

ACCEPTANCE This funeral establishment agrees to provide all service merchandise and cash advances indicated on this Statement.

BY FUNERAL DIRECTOR: [signature]

E 20622

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

76

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HELEN	R.	GAINES	06/11/1931	02/12/2008	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	REGINALD K. GAINES, SON 7261 FALLEN LEAF STREET WILSONVILLE, OR 97070

7A. 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	Stennika Pryu	2/15/08

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	02/15/2008	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 2-19-08	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 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 20622

INVOICE

Mount Hope Cemetery
A cemetery for all

INVOICE # 08-015
DATE: MARCH 13, 2008

TO Anderson Ragsdale
5050 Federal Blvd.
San Diego, CA 92102

c/o Helen R. Gaines

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Paulette Crawford	Clerical Assistant II	Due on receipt	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Payment due for the setting fee and one trion		$237.00
	Vase for Helen R. Gaines.		$88.72
	Thankyou, Paulette 619-527-3400		
		TOTAL	$325.72
		SALES TAX	n/a
		TOTAL	$325.72

Make all checks payable to Mount Hope Cemetery

THANK YOU FOR YOUR BUSINESS!

E20622

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/6/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen R. Gaines 228231

in a ~~Liner~~ TS Vault Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 75 Grave 11

Grave space & Care Fund	985-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 -
Burial Container	275 - ~~209~~ PH
Handling Fees	204 - ~~160~~ PH
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	80
Sales taxes	21.31 ~~16.20~~ PH
Total Due	1948.31 ~~1833.20~~ PH
Paid receipt number	R58100 ~~194831~~
Balance due	~~0~~

PAID
OCT 06 2004
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.

(R) PH

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

Signature

Helen R Gaines
Print Name

4943 Fir St
Address

80 92102
City Zip Code

(619) 264 4713
Telephone

Invoice # _____

Work Order # E 18751

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20622

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 Top Seal Vault

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Helen R. Gaines

Interment Date: 2/19/08 Time: 3:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 75 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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

E 20622
58100

Date: Oct 6, 20 04

From: Helen Gaines Address: 4943 Jil st. 30 92102

Dollars ($ 1948.31)

in full Payment of Pre need fe

Div 11 Sec 2 Blk/Row ____ Lot 75 Grave 11

Invoice No. E 18751

Acct. No. ____

W.O. ____

BALANCE DUE 0

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 Hebel

CREDIT	67007	197	—
20% Sales Care	77184		—
80% Sales	100	788	—
of Lots	77184		—
Opening/	100	275	—
Closing	77181		—
Burial	100	201	—
Containers	77183		—
	100	413	—
Handling Fee	77185		—
Recording &	100	50	—
Misc. Fees	77183		—
Pre-Need	63033		
Trust	77186		
Sales Tax	60101	21	31
	78390		
TOTAL PAID	$	1948	31

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/14/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALONSO CASTRO 231409

in a LINER (Type of Burial Container) Funeral, date, time WEDS. FEB 20 9:00

Church Chapel Graveside 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 2 Blk/Row W Lot 214 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-60687	3358.93
Balance due	0

PAID
FEB 15 2008
MOUNT HOPE CEMETERY

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

231408

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

X [signature]
Signature

X Vanessa Castro
Print Name

X 5420-1 Bayview Hts. Pl
Address

X San Diego CA 92105
City Zip Code

X (619) 284-9368
Telephone

Invoice # _____

Work Order # E 20623

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

AZTLAN MORT.

E20623

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: Alonso Castro

Interment Date: 2/20/08 Time: 9:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 214 Grave: 5

Grave Laid out by: KEN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: DAVID Date 2-15-08

Cremains were placed at: _____ of grave

E 20623

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

18

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALONSO	DE JESUS	CASTRO	08/23/1989	02/11/2008	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	VANESSA CASTRO, SISTER 5420-1 BAYVIEW HEIGHTS PL 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
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658		02/19/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	02/19/2008	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 2-20-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Pergue	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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 2/15/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EDGAR HAYES 231410

in a Double-depth "A" (Type of Burial Container) Funeral, date, time THURS. FEB 21, 11:00

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary martin EL CAJON BVD

All Funeral cars 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 59 Grave 8

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	3896.77
Paid receipt number R-606911	3896.77
Balance due	-0-

PAID FEB 20 2008 MOUNT HOPE CEMETERY

• MORT. 2. Pay

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

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

Signature _____

Print Name See attached

Address 231411

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20624

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20624

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. "A"

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: EDGAR HAYES

Interment Date: 2/21 Thursday Time: 11:00 Chapel

Div: 11 Sect: 1 Blk/Row: w Lot: 59 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

E 20624

FROM (TUE)FEB 19 2008 10:01/ST. 10:00/No. 7500000855 P 1

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 2/15/2008

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

in a Double-depth "A" (Type of Burial Container) Funeral, date, time THURS. FEB 21, 11:00

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 $ _____ EL CAJON BLVD

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row ~ Lot 59 Grave 8

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	3896.77
Paid receipt number	
Balance due	

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

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

[signature]
Signature

CALIF. CREMATION & BURIAL CHAPEL
Print Name

5880 EL CAJON BLVD
Address

SAN DIEGO CA 92115
City Zip Code

619/234-3272
Telephone

Invoice # _____

Work Order # E 20624

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E20624

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
EDGAR	JERO	HAYES JR.	04/15/1925	02/11/2008	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	ALMUTH HAYES, WIFE 1810 RIDGEVIEW 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	2/14/08

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 ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	02/14/2008	▶ 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 STREET SAN DIEGO CA 92102	11B. DATE BURIED 2-21-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fenger	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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

in grave of Lenora, Esther & Janet Thelen

City of San Diego

Date 02/19/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Herbert Thelen (d) 228962

in a ASH VAULT (Type of Burial Container) Funeral, date, time Fri. March 7th 1:00 pm

Church, Chapel, Graveside ; Family Mortuary.

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

will be applied and billed to undersigned. _____

Division MASON Section P Blk/Row ~ Lot 28 Grave 2

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number R60695	510.06
AP02693C Balance due	0

PAID FEB 20 2008 MOUNT HOPE CEMETERY

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

228924

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

Signature

Print Name David Thelen

Address 4955 E Ridgewood

City Bloomington Zip Code 4749

Telephone

812 339 0628 DAVID THELEN

Invoice # _____

Work Order # E 20625 N.R.

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20625

Please make sure his ashes are under his name.

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Lenora, Esther & Janet Thelen

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

Interment Date: 31 Mth 2008 Fri. Time: 1:00 pm

Div: MAS Sect: P Blk/Row: ~ Lot: 28 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

E20625

94

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HERBERT	A.	THELEN	05/08/1913	02/05/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LAGUNA HILLS	ORANGE	DAVID THELEN, SON 4955 E. RIDGEWOOD DR. BLOOMINGTON, NE 47401

7A. TYPED NAME AND ADDRESS OF 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 ORANGE CO, 758 WEST 19TH STREET COSTA MESA, CA 92627	FD1305	▶ Peggy Krueger	02/05/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	02/08/2008	▶ ERIC G. HANDLER, 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
ORANGE HEALTH DEPARTMENT 1200 NORTH MAIN STREET, SUITE 100-A SANTA ANA, CA 92701	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 92101	11B. DATE BURIED 3-7-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY THE GARDENS CREMATORY 1835 S. LEWIS ST. ANAHEIM CA 92805	12B. DATE CREMATED 02/10/2008	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER - ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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
PAT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-19-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHARITY, LEROY 231415

in a T.S. VAULT (Type of Burial Container) Funeral, date, time FEB 27 WED 11:00

Church, Chapel, Graveside ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 158 Grave (11) #12

Grave space & Care Fund	452.
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ 533	1066.
Burial Container	710.
Handling Fees	526.
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 @ $65	130.
Sales taxes #7015.02	55.02
Total Due	~~7105.02~~
Paid receipt number R60690	7105.02
Balance due	0

PAID FEB 19 2008 MOUNT HOPE CEMETERY

$90.00 credit

Bank # 119074475

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

231414

Print Name IRIS Charity

Address 4368 Keeler AVE.

City SAN Diego Zip Code CA 92113

Telephone 619 264 8909

Invoice # _____

Work Order # E 20626

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20626

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			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Leroy Charity

Interment Date: 2/27/08 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 158 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

E20626

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

70

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LEROY	-	CHARITY JR	05/23/1937	02/17/2008	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	IRIS CHARITY, WIFE 4368 KEELER 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
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

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

8A. SIGNATURE OF APPLICANT – Person taking permit: ▶ Siennika Rose 8B. DATE SIGNED: 2/20/08

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	02/20/2008	▶ 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): BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-27-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-19-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YAMANO, AYA # 225206

in a ASH VAULT (Type of Burial Container) Funeral, date, time FEB 26 TUE 12:00

Church, Chapel, Graveside _____ ; COMMUNITY C.L. Mortuary.

All Funeral cars 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 5314 Grave 1

Grave space & Care Fund	–
Overtime/Late Arrival Fees	–
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number R60692	510.06
Balance due	0

PAID
FEB 19 2008
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.

231422

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

Signature

JOHN YAMANO
Print Name
3473 BOYNE ST.
Address
S.V., CA 91977
City Zip Code
619 892 3313
Telephone

Invoice # _____

Work Order # E 20627

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20627

ORDER

MOUNT HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-17-1974

CHARGE Sam Shigeshi Yamano

ADDRESS 580 Brutus St., San Diego, Ca. 92114

NAME OF DECEASED Pre-need

OWNER Sam S. & Aya Yamano

ADDRESS above

MORTUARY

2 grounds

LOT 5313 5314 GR ROW SEC DIV 10	$	530.00
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION VET.		
TOTAL	$	530.00
PAID RECEIPT NUMBER 21404		
BALANCE		0

Regulation Monument Only Exp.

PAID
JUN 17 1974
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

#7445

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

AUTHORIZED ~~IN PERSON~~ PHONE BY Shigeshi Yamano ORDER TAKEN BY D. Phillips

W.O. NO. D 4631 INVOICE NO. CASH

FORM PR-974 REV.

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT
MOUNT HOPE CEMETERY

№ 21404

DATE 6-17-1974

FROM Sam S. Yamano ADDRESS 580 Brutus, San Diego, Ca.

Five hundred thirty and 00/100 DOLLARS ($ 530.00)

IN Full PAYMENT OF Pre-need Exp.

LOT 5313 & 5314 GRAVE ROW SECTION DIVISION 10

INVOICE NO. CASH

W.O. D 4631

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

JUN 19 1974
CITY AUDITOR

CREDIT SALES CARE	306	265.00
HALF SALES OF LOTS	951	
	100 7784	265.00
OPENINGS	100 7781	
BOXES	100 7782	
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		530.00

UNPAID BALANCE AFTER THIS PAYMENT 0

ISSUED BY D. Phillips

FORM AC-212

E 20627

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: Yamano, Aya ⊗

Interment Date: 2/26/08 Time: 12:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 5314 Grave: ~~5314~~ 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

E20627

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 94 10888-01

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AYA	-	YAMANO	12/25/1913	02/16/2008	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	JOHN YAMANO, SON 3473 BOYNE STREET SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA, CA 91911	FD1682	▶	02/20/08

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	02/20/2008	▶ 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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO CA 92102	11B. DATE BURIED 2-26-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601-D CRANE STREET LAKE ELSINORE CA 92530	12B. DATE CREMATED 2-21-08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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
in grave w/ Yoshinobu

City of San Diego

Date 2/19/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yoshiko Sueyoshi ⊗ 174363 1:00 am

in a ASH VAULT (Type of Burial Container) Funeral, date, time Feb 23 Saturday

Church, Chapel, Graveside ; Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 11 Blk/Row ~ Lot 25 Grave 2

Grave space & Care Fund E-11571	Ø
Overtime/Late Arrival Fees See E-20594	—
Opening/Closing & Setup	149.00
Burial Container 3" x 4" x 3"	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 Pt of R-60689	384.12
Balance due	Ø

PAID
FEB 19 2008
MOUNT HOPE CEMETERY

1/2 ashes
. buried 7/21/95

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.

231416

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

Signature

Print Name Annie Cristiana

Address 12933 Caminito Beso

City San Diego Zip Code CA 92130

Telephone

Invoice # _____

Work Order # E 20628

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20628

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH yoshikosueyoshi / Yoshiko Sueyoshi

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

Interment Date: Feb. 23, 08 Time: 11:00

Div: 7 Sect: 11 Blk/Row: ____ Lot: 25 Grave: 2

Grave Laid out by: Norman & Ken

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

LEWIS COLONIAL
67335
E20628

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 62

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YOSHIKO	--	SUEYOSHI	07/26/1932	04/02/1995	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	YOSHINOBU SUEYOSHI - HUSBAND 4622 MOUNT BIGELOW DRIVE SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	04/04/1995

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/04/1995	▶ [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
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] 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 N/A	11B. DATE BURIED 2-23-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY/MAUSOLEUM 3953 IMPERIAL AVE SAN DIEGO, CA 92113	12B. DATE CREMATED 4/10/95	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED RESIDENCE 7347 MAKINOUCHI,KI-CHO IBUSUKI-GUN,KAGO-SHIMA-KEN JAPAN 891-07 (1/5 CREMATED RMNS)	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-19-08

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 242 Grave 3

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	3507.51
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

JEROME
Print Name

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 20629

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need

Date 2/21/08

250898

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

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 11 Section 2 Blk/Row _____ Lot 50 Grave 2

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup $533 x 2	1,076.00
Burial Container DD Crypt	539.00
Handling Fees	454.00
Flower vases – Marker setting fee $178.00 $33.09	211.09
Recording/Filing/Transfer Fees 2 x $65	130.00
Sales taxes	41.77
Total Due	4,705.86
Paid receipt number R-01139	1,000.00
Balance due	3,705.86

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.

Marilyn Brock
Signature

Marilyn Brock
Print Name

1661 Bayview Heights Dr. #20
Address

San Diego CA 92105
City Zip Code

(619) 263-1338 or (619) 252 6924
Telephone

Invoice # _____

Work Order # E 20630

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT NEED
LOW INCOME

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-21-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SMITH, JIMMY L. 231413

in a LINER (Type of Burial Container) Funeral, date, time FRI 2-29 1:00

Church, Chapel, Graveside _____ : RAGSDALE Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 143 Grave 4

Grave space & Care Fund	1132
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee (VA)	178.00
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1857.47
Paid receipt number R-60698 VISA	1857.47
Balance due	0

PAID FEB 27 2008 MOUNT HOPE CEMETERY

2-27-08 PHONE LOW
LETICIA: 12:00 TODAY PO

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 231412 I hold under deed.

Leticia Davenport
Signature

Print Name Leticia Davenport
Address 4588 35th St.
City San Diego, CA. 92116 Zip Code
Telephone (619) 241-2569

Invoice # _____

Work Order # E 20631

Acct. # _____

REA-104 (3-04) LOW INCOME

This information is available in alternative formats upon request.

Printed on recycled paper

VA FORM MAILGO 2-27-08

E20631

1,2,3
4,5

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: Jimmy Smith

Interment Date: 2/29 Time: 2:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 143 Grave: 4

Grave Laid out by: Norman & Ken

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E 20631

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
JIMMY	LEE	SMITH	10/10/1943	02/16/2008	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 DAVENPORT, DAUGHTER 4588 35TH STREET 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 – Human remains permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sennella Davenport	2/25/08

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	02/25/2008	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-29-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

E20631

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: Jimmy Lee Smith

Address: 2816 L St. #B

City: San Diego State CA Zip Code 92102

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

Size of Family (check one)

	Annual Income		Annual Income
✓	(1) $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.

Letitia Davenport daughter 2/21/08

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 C. Doucette 2/21/08

Approved by Date

Current Housing Counselor Documents verified on: 2/21/08

Approved By MTB

Date 2/21/08

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

E20631

San Diego HOUSING COMMISSION

- 1122 Broadway Suite 300
- San Diego, California 92101-5612
- 619-578-7777
- FAX: 619-578-7370
- www.sdhc.org

Rent Portion Letter: Tenant

December 14, 2007

JIMMY SMITH
2816 L ST B
SAN DIEGO CA 92102

Account: 000005587

Effective: **February 01, 2008**

The total contract rent is:	700.00
The Housing Commission will pay:	491.00
Your portion of the rent is:	209.00

YOUR SHARE OF THE RENT WAS COMPUTED AS FOLLOWS:

Your total family gross annual income:	10,512.00
Minus HUD approved allowances and/or deductions:	400.00
Equals Adjusted Yearly Income	10,112.00

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 reason to believe that your income and/or HUD approved deductions and/or allowances have not been accurately calculated, you may request an Administrative Review. To begin the review process, you must submit a written request with appropriate supporting documentation to our office within 17 days of the date at the top of this notice.

Written responses to requests for an Administrative Review of your rent are completed within 60 days from the receipt of the request.

If you have a question, contact the Housing Assistant at: (619) 578-7777

Mariza Madrigal, ID 26

E20631

25854846

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA

1. LAST NAME FIRST NAME MIDDLE NAME: SMITH JIMMY LEE
2. SERVICE NUMBER: US 56 715 628
3. SOCIAL SECURITY NUMBER: 430 | 62 | 1151
4. DEPARTMENT COMPONENT AND BRANCH OR CLASS: ARMY-AUS QMC
5a. GRADE RATE OR RANK: SP4 (T)
5b. PAY GRADE: E- 4
6. DATE OF RANK: DAY 9 MONTH May YEAR 69
7. U.S. CITIZEN: [XX] YES [ ] NO
8. PLACE OF BIRTH (City and State or Country): Dallas Texas
9. DATE OF BIRTH: DAY 10 MONTH Oct YEAR 43

SELECTIVE SERVICE DATA

10a. SELECTIVE SERVICE NUMBER: 4 141 43 2180
9. SELECTIVE SERVICE LOCAL BOARD NUMBER CITY COUNTY STATE AND ZIP CODE: Local Board No: 141 San Diego California
8. DATE INDUCTED: DAY 28 MONTH Nov YEAR 67

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: Transferred to USAR (See Item #16)
b. STATION OR INSTALLATION AT WHICH EFFECTED: FORT LEWIS WASHINGTON
c. REASON AND AUTHORITY: Sec VII Chap 5 AR 635-200 SPN 411 (Overseas Returnee)
d. EFFECTIVE DATE: DAY 17 MONTH Dec YEAR 69
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: 568th Trans Co USARVN APO 96731
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: NONE
14. DISTRICT AREA COMMAND OR CORPS TO WHICH REPORTED (Transferee): USAR CONTROL GROUP (ANNUAL TRAINING) USAAC ST LOUIS MISSOURI
15. REENLISTMENT CODE: RE- 3B

SERVICE DATA

16. TERMINAL DATE OF RESERVE UNIT'S OBLIGATION: DAY 27 MONTH Nov YEAR 73
17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION — a. SOURCE OF ENTRY: [ ] ENLISTED (Fill in below) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER: NA
b. TERM OF SERVICE (Years): NA
c. DATE OF ENTRY: DAY NA MONTH YEAR
18. PRIOR REGULAR ENLISTMENTS: NONE
19. GRADE RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC: PVT E-1
20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): Los Angles California
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street RFD City County State and ZIP Code): 737 So 46th St San Diego California
23a. SPECIALTY NUMBER & TITLE: 94B20 Cook
b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: NA

22. STATEMENT OF SERVICE

	YEARS	MONTHS	DAYS
a. NET SERVICE THIS PERIOD	1	11	27
b. OTHER SERVICE		None	
c. TOTAL (Lines a & b)	1	11	27
d. TOTAL ACTIVE SERVICE	1	11	27
e. FOREIGN AND OR SEA SERVICE USARPAC	1	4	12

CREDITABLE FOR BASIC PAY PURPOSES

24. DECORATIONS MEDALS BADGES COMMENDATIONS CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NDSM . XKM M-14

25. EDUCATION AND TRAINING COMPLETED: Food Service 94B20 CST 8 Weeks

VA AND SGLI SERVICE DATA

26a. NON-PAY PERIODS TIME LOST (Preceding Two Years): 3 Jan 68- 25 Jan 68
b. DAYS ACCRUED LEAVE PAID: 0
27a. INSURANCE IN FORCE (Yes or No): [ ] YES [X] NO
b. AMOUNT OF ALLOTMENT: NA
c. MONTH ALLOTMENT DISCONTINUED: NA
28. VA CLAIM NUMBER: NA
29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: [X] $10,000 [ ] $15,000 [ ] NONE

REMARKS

30. REMARKS:
CIVILIAN EDUCATION: 12
BLOOD GROUP: O POS
Item 5a PFC (P) E-3 Aptd 6 Nov 68 23 Days Lost Under Sec 972 Title 10 USC
3 Jan 68- 25 Jan 68

AUTHENTICATION

31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street RFD City County State and ZIP Code): Same As Item 21
32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Jimmy L Smith
33. TYPED NAME GRADE AND TITLE OF AUTHORIZING OFFICER: J S WELD CPT AGC ASST ADJUTANT
34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: J S Weld

DD FORM 1 JUN 65 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE EFFECTIVE 1 JAN 67

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

W

1

MADE BY VA RMC ST LOUIS FROM A REC'D IN ITS POSSESSION

I CERTIFY THAT THIS IS A TRUE AND EXACT COPY
OF THE ORIGINAL DOCUMENT (OR A CERTIFIED COPY
ISSUED BY A PUBLIC CUSTODIAN OF RECORDS)
THAT I HAVE PERSONALLY EXAMINED.

Billy Taylor

SIGNATURE
DVA RECORDS MANAGEMENT CENTER
ST. LOUIS, MISSOURI

Preneed Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/21/08

23/4/9

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

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 109 Grave 12

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number P-01143	672.00
Balance due	2,686.93

PAID
NOV 5 2008
MOUNT HOPE CEMETERY

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

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

Jannie M. Penton
Signature

Jannie M. Penton
Print Name

5068 PELUSA ST
Address

San Diego CA. 92113
City Zip Code

Telephone

Invoice # _____

Work Order # E 20632

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

2/26/08 Coupons Mailed

OFFICIAL RECEIPT

[redacted]

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

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

P 01165

Date: 3/13 20 08

From: Jannie M. Renton Address: 5068 Pelusa St., SD. Ca 92113

Three hundred and 00/00 Dollars ($ 300.-)

in full Payment of Pre-need lot & trust account.

Div. 12 Sec 2 Blk/Row Lot 109 Grave 12

Invoice No. E-20632

Acct. No.

W.O.

BALANCE DUE $2,386.93

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 860013

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

PAID

MAR 13 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	80.80
20% Sales Care	77184	219.20
Pre-Need	63033	
Trust	77186	

TOTAL PAID $ 300.-

AC-212 (11-05)

619) 262-5318

E20632

OFFICIAL RECEIPT

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

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

P 01143

Date: 2/21, 2008

From: Jannie Denton Address: 5068 Pelusa ST SD

Six hundred Seventy — no/00 Dollars ($ 672.00)

in _____ Payment of Downpayment Lot & Trust

Div 12 Sec 2 Blk/Row _____ Lot 109 Grave 12

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 2,686.93

☐ Pre-Need Lot ☒ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check

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

PAID

FEB 21 2008

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	452	80
20% Sales Care	77184		
Pre-Need	63033	219	20
Trust	77186		
TOTAL PAID	$	672	00

should be in the 8th of

AC-212 (11-05)

This information is available in alternative formats upon request.

E20632

OFFICIAL RECEIPT

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

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

P 01126

Date: 4/7 20 08

From: Jannie M. Penton Address: 5068 Pelusa St, SD CA 92113
Three Hundred and 00/00 Dollars ($ 300 -)
in Part Payment of Pre-need lot/trust. Coupon #2
Div 12 Sec 2 Blk/Row ____ Lot 109 Grave 12
Invoice No. E-20632
Acct. No. ____
W.O. ____
BALANCE DUE $2081.93

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.
PAID
APR 07 2008
MOUNT HOPE CEMETERY
ISSUED BY PC

CREDIT 67007
20% Sales Com. 77184
Pre-Need 63033
Trust 77186
80% 300 -
TOTAL PAID $ 300 -

☑ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☐ Check Std 50

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

OFFICIAL RECEIPT

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

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

P 0122

Date: 5/5 20 08

From: Jannie Penton Address: 5068 Pelusa St, SD CA 92113
Three Hundred and 00/00 Dollars ($ 300 -)
in part Payment of Pre-need lot and trust. coupon #3
Div 12 Sec 2 Blk/Row ____ Lot 109 Grave 12
Invoice No. E-20632
Acct. No. ____
W.O. ____
BALANCE DUE $1,786.93

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.
PAID
MAY 5 2008
MOUNT HOPE CEMETERY
ISSUED BY Paulette

CREDIT 67007
20% Sales Com. 77184
Pre-Need 63033
Trust 77186 300 -
TOTAL PAID $ 300 -

☑ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 57487

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

OFFICIAL RECEIPT

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

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

P 01261

Date: 6-4 20 08

From: JANNIE PENTON Address: 5068 PELUSA ST. SD. CA 92113
THREE HUNDRED & NO/100 Dollars ($ 300.00)
in PARTIAL Payment of PRE NEED LOT & TRUST
Div 12 Sec 2 Blk/Row ____ Lot 109 Grave 12
Invoice No. 231419
Acct. No. E20632
W.O. ____
BALANCE DUE 1486.93

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.
PAID
JUN 04 2008
MOUNT HOPE CEMETERY
ISSUED BY ____

CREDIT 67007
20% Sales Com. 77184
Pre-Need 63033
Trust 77186 300 -
TOTAL PAID $ 300 -

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

AC-212 (11-05) ACH/CORP 34-22-84
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

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

P 01360

Date: August 14, 2008

From: Jannie M. Penton Address: 5068 Pelusa Street, San Diego CA 92113

Three hundred and 00/100 Dollars ($ 300.-)

in part Payment of Pre-need to lot & trust.

Div 12 Sec 2 Blk/Row Lot 109 Grave 12

Invoice No. E-20632

Acct. No.

W.O.

BALANCE DUE $ 336.93

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 350204

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

PAID

AUG 14 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184	208	—
Pre-Need	63033		
Trust	77186		
80%		92.	—
77184			
TOTAL PAID	$	300.	—

208- pc

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

[redacted]

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

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

P 01302

Date: 7-7, 20 08

From: J. Penton Address: 5068 Pelusa St., SD Ca 92113

Three Hundred Dollars ($ 300.—)

in part Payment of Pre-need coupon #5

Div 12 Sec 2 Blk/Row Lot 109 Grave 12

Invoice No. E 20632

Acct. No.

W.O.

BALANCE DUE 1,186 93

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

PAID

JUL 7 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	~~300~~ —
Trust	77186	
100/77184		300 00
TOTAL PAID		$ 300 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3A9A1A

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

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

P01523

Date: November 5, 20 08

From: Jannie Mae Penton Address: 2469 W. Ingersoll St. SD CA 92111

Two hundred, Eighty-six and 93/100 Dollars ($ 286.93)

in Full Payment of Pre-need lot + trust.

Div 12 Sec 2 Blk/Row Lot 109 Grave 12

Invoice No. E-20632

Acct. No.

W.O.

BALANCE DUE Ø

09-005654914

☑ Pre-Need Lot ☒ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check

AC-212 (2-08)

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

PAID

NOV 5 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	286.93
TOTAL PAID	$	286.93

OFFICIAL RECEIPT

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

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

P 01424

Date: October 6, 20 08

From: Jannie M. Penton Address: on file

Three hundred and 00/00 Dollars ($ 300.-)

in part Payment of Pre-need lot & trust. coupon #8

Div 12 Sec 2 Blk/Row Lot 109 Grave 12

Invoice No. E-20632

Acct. No.

W.O.

BALANCE DUE $ 286.93

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

PAID

OCT 6 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	288 80
Trust	77186	
100/77184		11. 20 ✓
TOTAL PAID	$	300 -

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 79272

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

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

P 01384

Date: Sept. 8, 20 08

From: Jannie Mae Renton Address: on file

three hundred and 00 Dollars ($ 300.-)

in part Payment of Pre-need

Div 12 Sec 2 Blk/Row Lot 109 Grave 12

Invoice No. E-20652

Acct. No.

W.O.

BALANCE DUE $ 586.93

PC

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 349641

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

SEP 08 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	83033	
Trust	77186	
100/ 77184		300.—
TOTAL PAID	$	300.—

2-21-08 672

3/13/08 300 p-1165

4/7/08 300 p-1190

5/5 300 p 1224

6/4 300 p 1261

7/01 300 p 1302 p 1372

6-4 p 1261 300

7/7 p 1302 300

8-14 p 1360 300

9/8 p-1384 300

MT. HOPE CEMETERY

INTERMENT ORDER

Pre-Need Lot

City of San Diego

Date 2/22/08

231425 231426

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Esther Corral-Oroz / Luis Oroz

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 3 Blk/Row ~ Lot 1 Grave 8

Grave space & Care Fund	3011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	3,011.00
Paid receipt number P-01144	602.20
Balance due	2,408.80

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

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

Esther Corral Oroz
Signature

231425
Esther Corral Oroz
Print Name

1101 Del Mar Ave
Address

Chula Vista, Ca 91911
City Zip Code

619 585-7717
Telephone

Paulette

Work Order # E 20633

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20633

OFFICIAL RECEIPT

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

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

P 01144

Date: February 22, 2008

From: ESTHER CURRAL Address: 1101 DEL MAR AVE., Chula Vista CA

Six Hundred and two and 20/00 ~ Dollars ($ 602.20)

in Part Payment of Preneed lot, down payment

Div 5 Sec 3 Blk/Row Lot 1 Grave 8

Invoice No. E-20633

Acct. No.

W.O.

BALANCE DUE $ 2,408.80

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check (2148)

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

PAID

FEB 22 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C

CREDIT	67007	602 20
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
TOTAL PAID		$ 602.20

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

E20634

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 2/25/08

ALTon Cecil Denny

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Abdul Jannah 231421 2:00

in a Liner (Type of Burial Container) Funeral, date, time Tues Feb 26 2008

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 4 Section 1 Blk/Row Lot 34 Grave 2

PAID

FEB 26 2008

MOUNT HOPE CEMETERY

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-60709	3,358.93
Balance due	Ø

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

231420

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

Ruth B. Willis
Signature

Ruth B. Willis
Print Name

1470 Mary Lou St.
Address

San Diego, CA 92102
City Zip Code

(619) 262-8109
Telephone

Invoice # _____

Work Order # E 20634

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20634

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: Abdul Jannah

Interment Date: 2/26/08 Time: 2:00

Div: 4 Sect: 1 Blk/Row: ____ Lot: 34 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

E20634

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

60

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALTON	CECIL	DENNY	03/12/1947	02/24/2008	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	RUTH WILLIS, SISTER 1470 MARILOU 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
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is 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 filing permit: Sennika Pryor 8B. DATE SIGNED: 2/26/08

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	02/26/2008	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

on grave of Harry Yamada (15 chairs)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/26/08

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

of Suzy Yamada 214343

in a Ash Vault (Type of Burial Container) Funeral, date, time MARCH 10, 2008 11:00 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 11 Blk/Row ~ Lot 15 Grave 1

Grave space & Care Fund ..... Ø

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... R-52242 ..... _____

Burial Container ..... " ..... _____

Handling Fees ..... " ..... _____

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

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

Sales taxes ..... " ..... _____

Total Due ..... Ø

Paid receipt number E-15619

Balance due Ø

I hereby certify I am the BERT S. MASUMOTO of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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

BERT S. MASUMOTO
Print Name

400 GREENFIELD DR SP#97
Address

EL CAJON 92021
City Zip Code

(619) 447-1891
Telephone

3/14/08 mailed invoice to pay $199.00 o/c for Ashes to be moved in another part of the grave per the family request after we opened up.

Work Order # E 20635

Invoice # _____

Acct. # _____

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

Daughter in Law Machi.

E 20635

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-22-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Suzy and Harry Yamada &

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 15 Grave 1 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund			—
Additional spaces and care fund			—
Opening/Closing & Setup	2 at	105.00	210.00
Burial Container	2 at	55.00	110.00
Handling Fees	2 at	60.00	120.00
Flower vases – Marker setting fee			
Recording and filing fees	2 at	45.00	90.00
Sales taxes	2 at	4.26	8.52
		Total Due	538.52
		Paid receipt number R-52242	538.52
		Balance due	0

PAID

MAR 22 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

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 Suzy D Yamada
Signature

X 1435 2nd Ave Spt 315
Address

X Chula Vista 91911
City Zip Code

X (619) 427-7549
Telephone

Invoice # _____

Work Order # E 15619

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

E20635

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Harry Yamada

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

Interment Date: Monday 3/10/08 Time: 11:00 G.S.

Div: 7 Sect: 11 Blk/Row: ____ Lot: 15 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

E20635

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
SUZY	S	YAMADA	07/21/1922	02/25/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	BERT S MASUMOTO, SON 400 GREENFIELD DRIVE SPACE #97 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 filing permit	8B. DATE SIGNED
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA, CA 91911	FD1682	▶	02/26/08

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	02/26/2008	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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO CA 92102	11B. DATE BURIED 3/10/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Earl Bryen II	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC. 2570 FORTUNE WAY VISTA CA 92083	12B. DATE CREMATED 3/3/08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ S. Hr. Schork	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE 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
$ UNDER
HEADSTONE.
8 CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-26-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PICHARDO, ROSA # 222349 TBD

in a ASH VAULT (Type of Burial Container) Funeral, date, time Friday March 7th

Church, Chapel, Graveside ( ) : BERGE ROBERTS 1:00 Mortuary.

All Funeral cars 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 205 Grave 10

Grave space & Care Fund E-12913 (5-24-96)	—
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~~ 384.12
Paid receipt number R60713 VISA	
Balance due	-0-

PAID
FEB 26 2008
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.

Sandra Monreal
Signature

SANDRA MONREAL
Print Name
1049 ANGELO Dr
Address
NATIONAL CITY 91950
City Zip Code
619 267-1597
Telephone
619 315-5094 WK

Invoice # _____

Work Order # E 20636

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20636

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Alejandro Pichardo 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 Ashvault (Place ashes under headstone)

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Rosa Pichardo

Interment Date: 3/7/08 Fri. Time: 1

Div: 12 Sect: 2 Blk/Row: ____ Lot: 205 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

90064

E20636 ACC 40 861

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROSA	MARIA	PICHARDO	12/17/1962	02/24/2008	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	EMMANUEL AVALOS, SON 650 MOSS ST. #86 CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-N.C., 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284	▶ Carla Arvin	02/26/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	02/26/2008	▶ 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 TO OCCUR IN ANOTHER 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 3-7-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE. SAN DIEGO CA 92113	12B. DATE CREMATED FEB 29 2008	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.12/04)

REC'D FEB 27 2008

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 5-24-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alejandro Gonzalez Pichardo

in a Double Depth Crypt (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 205 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	T.P 995.00	~~845.00~~
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 375.00	750.00
Burial Container	paid in full 01-15-1997	380.00
Handling Fees		320.00
Flower vases – Marker setting fee		
Recording and filing fee	2 @ 45.00	90.00
Sales taxes		29.45
Total Due	T.P 2,504.45	~~2,464.45~~
Paid receipt number	R-47421	700.00
Balance due		1,864.45

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 Teresa D Pichardo (Signature)
X 2912 Logan Av 1 (Address)
X San Diego 92113 (City, Zip Code)
(619) X696 6097 (Telephone)

Signature of recorded holder of deed

Work Order # E 12913

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E20636

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-7-97

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

in a Double Dept crypt (Type of Burial Container) Funeral, date, time Wed, 4-9 9:0 am

Church, Chapel, Graveside Church / Graveside Berge / Roberts 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

Lot 205 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	Pre-Need E-12913	0
Additional spaces and care fund		
Opening/Closing & Setup	" "	0
Burial Container	" "	0
Handling Fees	" "	0
Flower vases – Marker setting fee		
Recording and filing fee	" "	0
Sales taxes	" "	0
Total Due		
Paid receipt number		
Balance due		0

Interment transfer done 4-15-97

I hereby certify I am the X Teresa Pichardo 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 Teresa D Pichardo (Signature)
X 2950 B St (Address)
X San Diego 9210 (City, Zip Code)
X 238 1085 (Telephone)

Signature of recorded holder of deed

Work Order # E 13532

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 2/27/2008

* 20 CHAIRS

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel Pollard 222560

in a Liner (Type of Burial Container) Funeral, date, time Tues, March 4 @ 11:00

Church, Chapel, Graveside : Anderson-Ragsdale Mortuary, New Creation Church

All Funeral cars 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 4 Grave 6

Grave space & Care Fund	E-7067 <12-3-87> Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	1,094.93
Paid receipt number R-60721	1,094.93
Balance due	Ø

PAID
MAR 03 2008
MOUNT HOPE CEMETERY

NO Inter fund Transfer required. Already in general fund.

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

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

X Signature

X Print Name

X Address

X City Zip Code

X Telephone

See attached

Invoice # _____

Acct. # _____

Work Order # E 20637

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20637

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: Ethel Pollard

Interment Date: 3/4/08 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 4 Grave: 6

Grave Laid out by: Norman + Ken

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20637

NAME Matthis, Ethel & Pollard, Ethel ACCT. NO. E-7067

ADDRESS 5564 San Onofre Terrace, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[illegible]3	87	Lot 4, Graves 5 & 6, Section 2, Division 11	500 00		20 00	48 0
2-4	88	Coupon #2, Receipt #35657			20 00	460 00
3-4	88	Coupon #3, Receipt #35811			20 00	440 00
4-6	88	Coupon #4, Receipt 35979			20 00	420 00
5-3	88	Coupon #5, Receipt 36082			20 00	400 00
6-1	88	Coupon #6, Receipt 36220			20 00	380 00
7-1	88	Coupon #7, Receipt 36349			20 00	360 00
7-3	88	Coupon #8, Receipt 36487			20 00	340 00
9-6	88	Coupon #9, Receipt 36634			20 00	320 00
10-6	88	Coupon #10, Receipt 36803			20 00	300 00
11-7	88	Coupon #11 Receipt 36925			20 00	280 00
12-9	88	Receipt 37090			20 00	260 00
1-10	89	Receipt 37213			20 00	240 00
2-10	89	Receipt 37353			20 00	220 00
[illegible]	89	Receipt 37499			40 00	18 0
4-10	89	Receipt 37644			20 00	160 00
5-12	89	Receipt 37821			20 00	140 00
6-9	89	Receipt 38143			20 00	120 00
7-10	89	Receipt 38267			20 00	100 00

AIGNER FORM NO. 25-204 Matthis, Ethel & Pollard, Ethel 4 - 5 & 6 - 2 - 11 PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Credit Sale

Date 12/3/87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel Matthis & Ethel Pollard

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 40 Grave 5&6 Row 2 Section 2 Division/~~Block~~ 11

Grave space & Care Fund 2 Sp C 250 each 500.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

none arranged at this time

Total Due 500.00

Paid receipt number _____

Balance due Ø

12-12-1989 paid in full #-[illegible]

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

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

Signature of recorded holder of deed

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7067

PY-593 (REV. 8-86)

E20637

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 2/27/200

* 20 CHAIRS

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

in a Liner (Type of Burial Container) Funeral, date, time Tues, March 4 @ 11:

Church, Chapel, Graveside _____ : Anderson-Ragsdale Mortuary. New Christian Ch

All Funeral cars 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 4 Grave 6

Grave space & Care Fund E-7067 <12-3-87>	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	1,094.93
Paid receipt number R-60721	1,094.93
Balance due	Ø

PAID
MAR 03 2008
MOUNT HOPE CEMETERY

NO Interfund Transfer required. Already in general fund.

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

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

x Ethel Lemon (Signature)

x Ethel Lemon (Print Name)
x 5722 Mira Flores Dr (Address)
x San Diego, CA 92111 (City, Zip Code)
x 619.262.4962 (Telephone)

Invoice # _____

Work Order # E 20637

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E 20637

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 78

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

1A. NAME OF 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	LORRAINE	POLLARD	06/21/1929	02/26/2008	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	ETHEL LEMON, DAUGHTER 5722 MIRA FLORES DRIVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sienna Kahnov	2/29/08

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 ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	02/29/2008	▶ 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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-4-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Tenguer	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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 Reed

Date 2/27/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BETTY FARMER 231438

in a DD CRYPT "A" (Type of Burial Container) Funeral, date, time MARCH 5, 2008 Friday 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 1 Blk/Row _____ Lot 61 Grave 4

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-60720	3896.77
Balance due	0

PAID
FEB 29 2008
MOUNT HOPE CEMETERY

Mort 2 Pay

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

231439

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20638

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20638

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 2/27/08

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

[X] MORTUARY NAME: Anderson - Ragsdale

[ ] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON:

TELEPHONE NO:

NAME OF DECEASED:

LAST NAME: Farmer

FIRST NAME: Betty

DOD: DOB:

VETERAN [ ] BRANCH OF SERVICE:

[ ] REGULAR SIZE CASKET [ ] OVERSIZE [ ] CHILD

7693 Woodbine Lane SP CA 92114

$3,896.77

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

VA Section

fat interme

SPECIAL INSTRUCTIONS:

DD 1ST Burial

March 6 1:00 Church

E20638

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

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Betty Farmer

Interment Date: Thurs. 3/6 Time: 1:00 Church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 61 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

E 20638

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
BETTY	JEAN	FARMER	04/17/1935	02/26/2008	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	BOBBY L. FARMER, HUSBAND 7693 WOODBINE WAY SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sienrika Rose	2/28/08

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	02/28/2008	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 3-5-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Glenn Fay	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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 TO Atneed see E-20873

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-27-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VICKY WALLACE ~~231466~~ 231466

in a _____ Funeral, date, time Aug 8 @ 10am

Type of Burial Container

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 242 Grave 10

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	2264.00
Paid receipt number P01146	2064.00
CK 4556 #1 CHK #2 4564	
Balance due	200.00

PAID

MAR 0 6 2008

MOUNT HOPE CEMETERY

R60731

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.

Vicky Wallace
Signature

FOR TRUST SEE E20873 7/15/08

Vicky WALLACE
Print Name

8330 Phyllis Pl
Address

SAN DIEGO 92123
City Zip Code

858 292-0495
Telephone

CELL 661-248 5248

Invoice # _____

Work Order # E 20639

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

3-6/8 VICKY
MAY WANT TO PUT PRE-NEED TRUST

MAY WANT TO MOVE GRAVESITE
AWAY FROM MARKET ST IN CASE
THEY DECIDE TO WIDEN IT.

E 20639

DEED 1/17
DELIVERED
VICKY WALLACE
E 20639

E 20639

LT PATRICK HARE
SUSAN HARE
6393 DECANTRUE STREET
SAN DIEGO, CA 92120

68-7497/2560
EZShield Fraud Protection™

4556

DATE 2/24/08

PAY TO THE ORDER OF Mount Hope Cemetery $ 2064

Two Thousand Sixty Four 00/100 DOLLARS

Security Features Included. Details on Back.

NAVY FEDERAL CREDIT UNION
VIENNA, VA

MEMO Vicky Wallace plot

⑆256074974⑆4556⑈0726404700⑈001

© ARTISTIC CHECKS, INC., 2003 1-800-224-7621 WWW.ARTISTICCHECKS.COM DIANE KNOTT'S AMERICANA ©DIANE KNOTT VIA FORTERFIELDS ART LICENSING

E 20639

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		
					1,887.00			1,887.00	60681
					178.00			178.00	60702
					237.00			237.00	60704
					243.71			243.71	60705
					237.00			237.00	60706
				74.00	430.70		7.44	512.14	60707
					178.00			178.00	60708
452.80	1,811.20	533.00	270.00	206.00	65.00		20.93	3,358.93	60709
					237.00			237.00	60710
					63.00		2.71	65.71	60711
					237.00			237.00	60712
					356.00			356.00	60714
452.80	679.20	266.50	135.00	103.00	32.50		10.46	1,679.46	60715
		149.00	79.00	85.00	405.91		6.12	725.03	60716
					178.00			178.00	60718
	142.00	178.00	99.00	36.00	65.00		7.67	527.67	**60718**
					65.71			65.71	60719
452.80	1,811.20	533.00	539.00	454.00	65.00		41.77	3,896.77	60720
452.80	679.20	266.50	539.00	227.00	32.50		41.77	2,238.77	**60720**
		533.00	270.00	206.00	65.00		20.93	1,094.93	60721
					177.44			177.44	60723
452.80	1,811.20	1,131.00	539.00	454.00	65.00		41.77	4,494.77	60693 60725
	73.00							73.00	P01141
	602.20							602.20	P01144
	100.00							100.00	P01145
412.80	1,651.20							2,064.00	P01146
	25.60							25.60	P01147
	50.00							50.00	P01148
	150.00							150.00	P01149
	75.47							75.47	P01150
	150.94							150.94	P01151
	598.00							598.00	P01152
	70.00							70.00	P01153
	54.41							54.41	P01154
	149.78							149.78	P01155
	36.50							36.50	P01156
								0.00	
2,676.80	10,721.10	3,590.00	2,470.00	1,845.00	5,501.47	0.00	201.57	27,005.94	

E20639

CITY OF SAN DIEGO | DEPARTMENT | DATE | DCR No.

DAILY CASH RECEIPTS

Park & Recreation/Mount Hope Cemetery March 5, 2008

2008-0014027
03-07-2008/09:09 AM
USER:[illegible] Amount:$27,005.94
1/OFFICE OF THE TREASURER CASHIERS DCR
004-00086[illegible]

EXPLANATION	FUND (16-21)	DEPT (22-27)	ORG.LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT
Receipts							
60693, 60709, 15, 20, PO1146	67007			77184	dc		2,676.80
60693, 60709, 15, 18, 20, 21, PO1141, 44- 56	100	072		77184	dc		10,721.10
60693, 60709, 15, 16, 18, 20, 21	100	072		77181			3,590.00
60693, 60709, 15, 16, 18, 20, 21	100	072		77182			2,470.00
60693, 60707, 09, 15, 16, 18, 20, 21	100	072		77185			1,845.00
60681, 93, 60702, 04 - 12, 60718-21,23, 25	100	072		77183			5,501.47
	63033			77186			0.00
60693, 60707, 09, 11, 15, 16, 18, 20, 21	60101			78390			201.57

PREPARED BY	DEPOSITED BY: MS 72	AUDITED BY:	KEY PUNCH	
Tom Brown x73401	Mt. Hope Cemetery		DATE: 3/5/2008	$27,005.94

AC -1221 (REV. 7-79)

Pin 231466 E20639

Location: Div 12, Sec 2, Lot 242, Gr 10

Date		Debit	Credit	Balance
	Wallace, Vicky 8330 Phyllis Place San Diego CA 92123			
02/27/08	Paid down payment on Pre-Need Lot	$2,264.00		$2,264.00
	P01146 (Check #4556)		$2,064.00	$200.00
	Balance to be paid within 30 days.		200 —	-0-
3-6-08	R60731 CHK 4679			

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 02/27/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary McKnight 213561 1:00

in a T.S. vault (Type of Burial Container) Funeral, date, time Mon. March 3, 2008

Church, Chapel, Graveside ; Ragsdale Mortuary. Graveside

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 23 Grave 5

Grave space & Care Fund E-16372 <8-30-2001> Ø

Overtime/Late Arrival Fees TRUST PD (R-54086)

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee R-54086

Recording/Filing/Transfer Fees

Sales taxes

Total Due Ø

Paid receipt number _____

Balance due Ø

No pre need trust transfer # were deposited into GF

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

I hereby authorize the interment in lot I hold under deed

Signature

Print Name

Address

See attached

City Zip Code

Telephone

Invoice # _____

Work Order # E 20640

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20640

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: Mary McKnight

Interment Date Mon. March 3 Time: _____

Div: 12 Sect: 2 Blk/Row: " Lot: 23 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

E20640

Pre-Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-3-01

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

of MARY McKNIGHT

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 23 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup PAID IN	
Burial Container	
Handling Fees FULL 8-30-01	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number R- 53643	224.00
Balance due	671.00

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 [signature]
Signature
X 3978 Ocean View Blvd
Address
X San Diego Ca 92113
City Zip Code
X 619-264-7931
Telephone

Work Order # E 16372

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20640

Pre-need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-30-9

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

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 23 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	Pre-need E-16372	0
Additional spaces and care fund	Marker Setting Fee	125.00
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		18.75
Total Due		998.75
Paid receipt number	R-54086	998.75
Balance due		0

PAID
AUG 30 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.

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

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

_____ Signature

_____ Address

_____ City _____ Zip Code

_____ Telephone

_____ Signature of recorded holder of deed

Invoice # _____

Work Order # E 16589

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54086

Date: 8-30 20 01

From: Mary McKnight Address: 3978 Ocean View Blvd San Diego 92113

Pre-Needed Trust Eight & 75/100

In full Payment of Pre-Need Trust Dollars ($ 998.75)

Lot 23 Grave 5 Row _____ Section 2 Division/Block 12

Invoice No. _____

Acct. No. _____

W.O. E-16589 70.00

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

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

ISSUED BY S. Sheridan

CREDIT 20% Sales Care	67007	
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77184	
Handling Fee	100	
Recording & Misc. Fees	77181	
Pre-Need Trust	100	
Sales Tax	77182	
TOTAL PAID	100	
	77185	125 00
	100	
	77183	873 75
	63033	
	9022	
	60101	
	78390	
	$	998 75

AC-212 (Rev. 5-94)

E20640

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
MARY	LUKE	MC KNIGHT	01/04/1934	02/26/2008	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	ROY MC KNIGHT, SON 4336 IOWA STREET #3 SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person acknowledging	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Siennika Pryor	2/29/08

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 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	02/29/2008	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-3-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-28-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lafulafu Poumele 231443

in a DD (Type of Burial Container) Funeral, date, time Friday, 3/07/08, 11:30AM

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 63 Grave 2

Grave space & Care Fund	2264 -
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2(533)	1131
Burial Container	339
Handling Fees	454 -
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	130.00
Sales taxes	41.77
Total Due	4494.77
Paid receipt number 60693	2000.00
Balance due	2494.77

PAID
FEB 28 2008
MOUNT HOPE CEMETERY

2000
2494.77 3/5
4494.77

MFD

R60725 CHK 3700 1088

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

Lili'a C. Fa'aola 231442
Print Name

925 Alvin St.
Address

San Diego 92114
City Zip Code

619. 806. 8580
Telephone

Invoice # _____

Work Order # E 20641

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20641

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 in the appropriate space (s) that are adjacent to the burial space.

Burial Container DD

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: POUMGLE LAFULAFU

Interment Date: 3/7/08 Time: 11:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 63 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 the

E20641

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
LAFULAFU	-	POUMELE	06/01/1955	02/24/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	LISE FAAOLA, SISTER 925 AWIN STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 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
		Siemula Pr	3/4/08

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT 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	03/04/2008	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-7-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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 20641

2. 4.00+
1,131.00+
539.00+
454.00+
65.00+
41.77+
4,494.77=

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/29/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mabel Brown 231445

in a Liner (Type of Burial Container) Funeral, date, time Tues, March 4 @ 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 11 Blk/Row ____ Lot 14 Grave 2

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.46
Total Due	1,679.46
Paid receipt number R-60715	1,679.46
Balance due	0

PAID
FEB 29 2008
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.

231444

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

Laureta O Cowans
Signature

Laureta O Cowans
Print Name

368 S. Meadowbrook Apt C
Address

San Diego CA 92114
City Zip Code

(619) 434-3603
Telephone

Invoice # ____

Work Order # E 20642

Acct. # ____

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

LOWYNCOMO

Printed on recycled paper

E20642

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: Mabel Brown

Interment Date: 3/4/08 Time: 11:00

Div: 7 *Sect:* 11 *Blk/Row:* ____ *Lot:* 14 *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

OFFICIAL RECEIPT

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

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

61822

Date: July 20, 20 09

From: Lauretta Cowans Address: 3685 S. Meadow Brook Dr. Apt. C. SDCA 92105

One hundred, seventy-eight and 00 Dollars ($ 178.00)

in full Payment of Selling fee for Mable Lee Brown - MacFarlane

Div 17 Sec 11 Blk/Row ~ Lot 14 Grave 2

Invoice No. 231445

Acct. No. E-20642

W.O.

BALANCE DUE Ø

☒ Money Order 01-119280419

☐ Charge

☐ Check

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

RECEIVED
JUL 20 2009
By

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	178.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	178.00

AC-212A (11-08)

This information is available in alternative formats upon request

E20642

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
MABLE	LEE	BROWN	07/28/1946	02/25/2008	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	LAURETTA COWENS, DAUGHTER 368 S MEADOWBROOK DRIVE #C SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	3/4/08

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		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	03/04/2008	▶ 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 3-4-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Pergus	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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.)

E20642

E20642

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: Mabel Brown

Address: 368 S Meadowbrook Dr. #C

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
X	(2) $ 23,590	#10,440 SS letter		(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.

Laurette O COWANS Daugitter 2/29/08

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 Loosely 2/29/08

Approved by Date

Current SS letter Documents verified on: 2/29/08

Approved By MFD

Date 2/29/08

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 20642

Guidelines Mt. Hope Low-Income Fee Waiver

(Effective November 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 and cannot be used if funding is provided through insurance or "victim funds" intended to cover *both* funeral *and* burial costs.

NATIONAL CITY CA 91950

Social Security Administration E 20642

Supplemental Security Income

Notice of Change in Payment

Date: November 25, 2007

Claim Number: 572-72-2693 DI

000030344 01 AT 0.334 B051,M4E,128
435 07S1063D98877

MABLE LEE BROWN
368 S MEADOWBROOK DR
APT C
SAN DIEGO CA 92114-7657

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

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

Information About Your SSI Payments

- The amount due you beginning January 2008 will be $870.00. This amount includes $233.00 from the State of California.
- The amount due you is being raised because the law provides for an increase in Supplemental Security Income payments in January 2008 if there was an increase in the cost-of-living during the past year.

You Can Review The Information in Your Case

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

See Next Page

E 20.642

Social Security Administration

SSN: 572-72-2693

7961 University Avenue
La Mesa, CA 91941
Telephone: (619) 464-8533 ex 225
TDD:
Fax: (619)461-0688
Office Hours: 9:00 am to 4:00 pm

~~October 24, 2007~~
11/2/07

LAURETTA COWANS FOR
MABLE L BROWN
9841 ARAPAHO ST
SPRING VALLEY, CA 91977-5204

Dear Sir or Madam:

This is a very important letter about keeping your Supplemental Security Income (SSI). Please read it carefully. If there is anything you do not understand, please get in touch with us right away.

You Have An Appointment

We must regularly review the cases of people who get SSI. We need information from you to make sure you are still eligible.

We have set up an appointment for you. **Come into the office at the address shown above on November 2, 2007 2:00 PM. If you can't keep your appointment, please call us.** We will make another appointment for you.

If We Do Not Hear From You

We may stop your SSI if you don't respond to this request or contact us within 30 days to tell us why. **If we stop your SSI, you could also lose any Medicaid you have now.**

Before we stop your SSI, we will send you another letter to explain our decision. The letter will also explain your right to appeal the decision and how to continue getting SSI during the appeal.

What We Need for the Appointment

Current rental agreement. Names, date of births, and Social Security numbers of all the people that lives with you. Current average monthly household expenses e.g. food, gas and electric, trash, water, sewer and how much Mable pays for household expenses above from her SSI checks.

When you call or come in, please have this letter with you.

If You Have Any Questions

If you have any questions or need help, please call us at the telephone number shown at the top of page 1 and ask for **Ms. Viscarra.**

Pls. call to reschedule asap.

E20642

8631

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

- Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

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

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

If You Have Any Questions

For general information about SSI, visit our website at www.socialsecurity.gov on the Internet. You will find the law and regulations about SSI eligibility and SSI payment amounts at www.socialsecurity.gov/SSIrules/.

For general questions about SSI or specific questions about your case, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 619-267-1175. Our lines are busiest early in the week and early in the month, so if your business can wait, it's best to call at other times. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
GROUND FLOOR
2530 E PLAZA BOULEVARD
NATIONAL CITY CA 91950

E 20642

11/25/2007

HOW WE FIGURED YOUR PAYMENT FOR January 2008 ON

Your Payment Amount

The most Federal SSI money the law allows us to pay	$637.00
We didn't subtract (-) any income from Federal SSI money	- 0.00
Federal SSI money	$637.00
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 2008 on	$870.00

8632

SSA-L8151

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-29-08

231468

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SANDRA Ruth Stephens ~~#~~ AND

in a ASH VAULT (Type of Burial Container) Funeral, date, time March 12 Tues 2008

Church, Chapel, Graveside _____ : El Camino Mortuary.

will deliver

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 2 Section 5 Blk/Row _____ Lot 265 Grave 1

Grave space & Care Fund E-19684	–
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.
Burial Container	79.
Handling Fees	85.
Flower vases – Marker setting fee * SETTING + 1 TRION VASE	340.91
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	725.03
Paid receipt number R60716 #604	725.03
Balance due	0

CONT'L ETA APR

UNDER HEADSTONE

I hereby certify I am the FRIEND OF FAMILY of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[signature]
Signature

R. R Smith
Print Name

1902 HOWARD AVE
Address

SAN DIEGO, CA 92104
City Zip Code

619-688-1845
Telephone

Invoice # _____

Work Order # E 20643

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20643

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
Non-Res.

Date 8-11-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles David Stephens #228697

in a DD CRYPT "B" (Type of Burial Container) Funeral, date, time Thurs Aug. 17, 12:00

Church, Chapel, Graveside ; El Camino Mortuary.
Scottish Rite

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 2 Section 5 Blk/Row _____ Lot 165 Grave 3 B

Grave space & Care Fund	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.—
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.—
Sales taxes	
Total Due	793.—
Paid receipt number R-59741	793.—
Balance due	Ø

PAID
AUG 15 2006
MT. HOPE CEMETERY

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

Charles D. Stephens Jr
Signature

Paulette

CHARLES D. STEPHENS Jr.
Print Name
4078 Conrad Dr.
Address
Spring Valley, Ca. 91977
City Zip Code
619 4695670
Telephone

Invoice # _____

Work Order # E-19864

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20643

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH STEPHENS, JOANN & CHARLES

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container ASH VAULT PLACE UNDER HEADSTONE

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: STEPHENS, SANDRA

Interment Date: _____ Time: _____

Div: 2 Sect: 5 Blk/Row: ____ Lot: 265 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

E20643

CONTI & SON MONUMENT COMPANY

08-0136

3871 IMPERIAL AVENUE
San Diego, California 92113

CONTIANDSON@SBCGLOBAL.NET

Phone (619) 264-2480
(619) 264-3161
Fax (619) 264-1431

Date 2-29-08

Sold to Rick Smith

Phone 619 688 1845

Street 1902 Howard Ave

City SD

CA 92104

Price $

925.-
TAX 71.69
996.69

this day ordered from CONTI & SON MONUMENT COMPANY and said Company agrees to build and erect said HICKEY as per sizes and materials given below, in Mt. Hope Cemetery, not later than ASAP unless unforeseen causes prevent. The purchaser on his part agrees, on the completion of said work, to pay the CONTI & SON MONUMENT COMPANY as follows:

Terms: PAID IN FULL

Note: An interest charge of % will be made on unpaid balance commencing 30 days after erection.

The stone is to remain the property of the CONTI & SON MONUMENT COMPANY until paid for as per above agreement, and in event above work is not paid for as per contract, I hereby authorize Supt. of ..... Cemetery to permit the CONTI & SON MONUMENT COMPANY to remove said monument. This order is not subject to cancellation after acceptance.

CONTI & SON MONUMENT COMPANY

Purchaser

Accepted

Date Ord. 2-29-08	Del. Date	Letters TO MATCH	Cem. Mt. Hope
Material MAHOGANY	Size 30x12x8/5 w/GAKS + RODS	Finish All Pol.	

STEPHENS

SANDRA RUTH

(BLANK)

DIV 2 SEC 5 LOT 265

08-0136

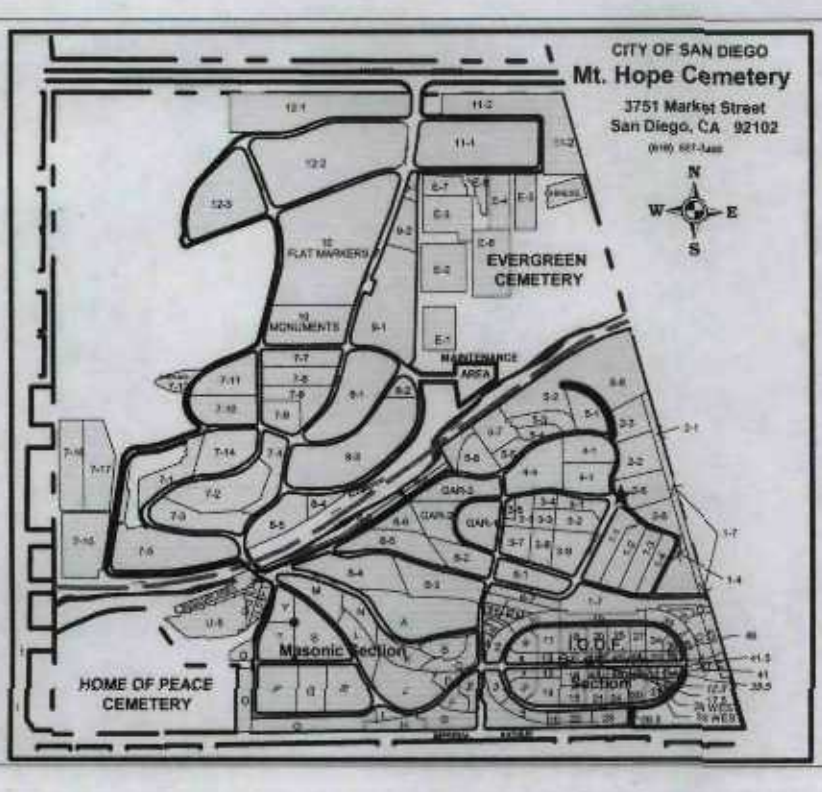
Approved

Purchaser

FOUNDATION SIZE = 30" x 12"

E20643

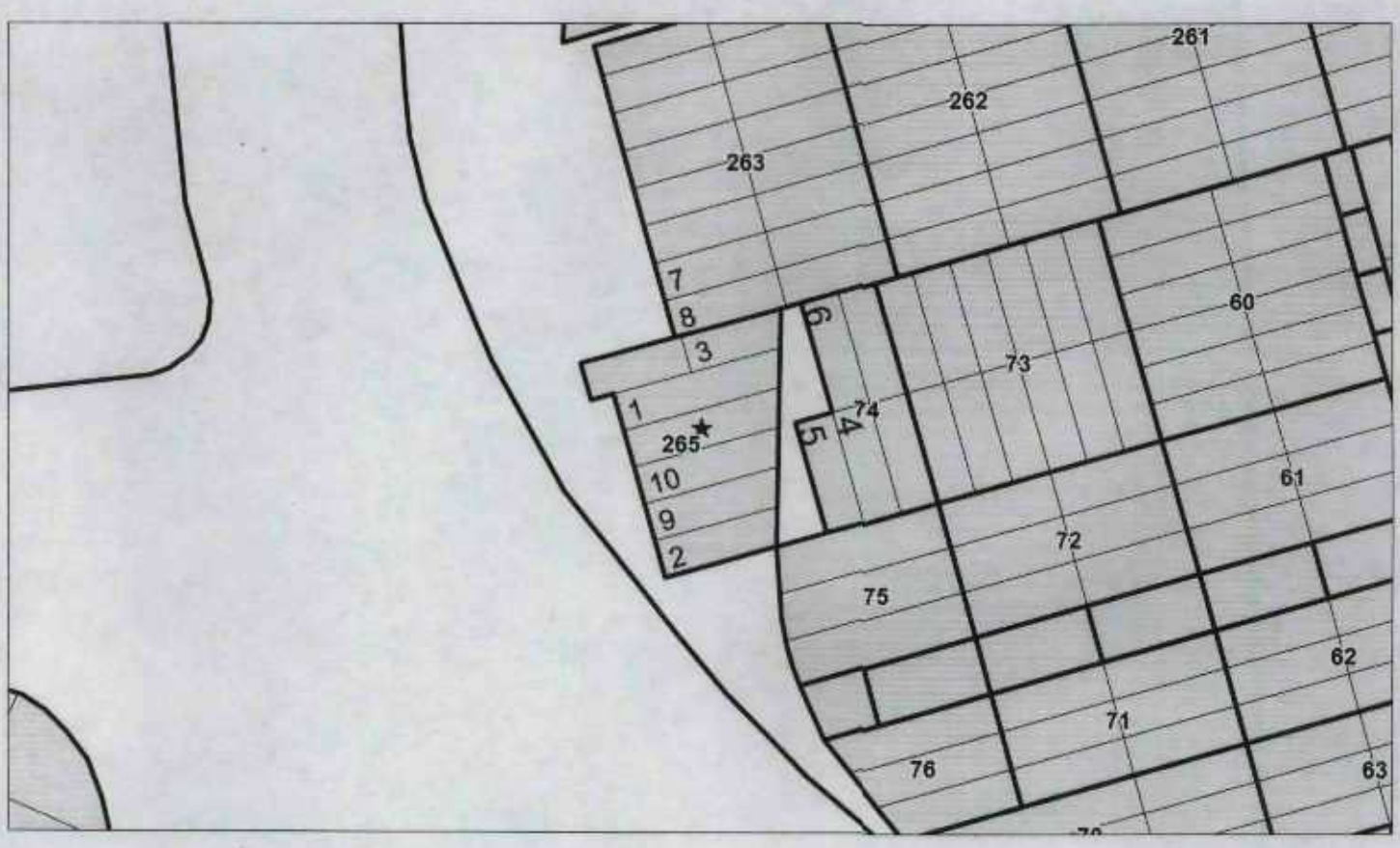
Locator Map



Location	: 2,5,,265,3
Division	: 2
Section	: 5
Block_Row	:
Lot	: 265
Grave	: 3
C01_Prop_Status	: I
C52_Deceased_A	: Stephens, Joann W
C53_Deceased_B	: Stephens, Charles David
C54_Deceased_C	:
C55_Deceased_D	:
C56_Deceased_E	:
C57_Deceased_F	:
C10_Convey_No	: O010541
C11_Convey_Date	: / /
C20_ContractNo_A	: O-010541
C21_ContractNo_B	:
C22_ContractNo_C	:
C23_ContractNo_D	:
C24_ContractNo_E	:
C25_ContractNo_F	:
C36_Owner_Name_A	: Stephens, Grace E
C37_Owner_Name_B	: Stephens, Charles David
C38_Owner_Name_C	:
C39_Owner_Name_D	:
C40_Owner_Name_E	:
C41_Owner_Name_F	:
C60_Dec_Info_A	: DOB=01/29/1930 DOD=03/19/2005
C61_Dec_Info_B	: DOB=09/03/1926 DOD=08/09/2006
C62_Dec_Info_C	:
C63_Dec_Info_D	:
C64_Dec_Info_E	:
C65_Dec_Info_F	:

Deceased Within A 15 Ft. Radius.

01-Conkling, Rosemary Grace (2,5,,265,2)
02-Glasgow, John Oscar (2,5,,265,6)
03-Hannibal, Anne Margaret (2,5,,265,7)
04-Pauly, Aaron (2,5,,74,4)
05-Pauly, Almyra H (2,5,,74,5)
06-Pauly, James Aaron (2,5,,74,2)
07-Smith, Elmo C (2,5,,263,2)
08-Smith, Gladys M (2,5,,263,1)
09-Stephens, Grace E (2,5,,265,5)
10-Stephens, Harvey Solomon (2,5,,265,4)



E20643

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

50

1A. NAME OF 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	RUTH	STEPHENS	05/07/1957	02/18/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	MARY JO DREYER, DPOA 2060 BERRYLAND CT LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAJON-LAKESIDE-SANTEE MORTUARY & CREM SER, 684 S MOLLISON AVE EL CAJON, CA 92020	FD1022	▶ [signature]	02/22/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	02/22/2008	▶ 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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST,M SAN DIEGO,CA 92102	11B. DATE BURIED 3-12-08	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 02/22/2008	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/29/08

231436

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daniel Barrera Villela

in a DD Crypt (Type of Burial Container) Funeral, date, time Thur 3/6/08 10:30

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 12 Section 2 Blk/Row _____ Lot 189 Grave 5

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	717.00
Handling Fees	604.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	55.57
Total Due	5,180.57
Paid receipt number R-60717	5,180.57
Balance due	0

PAID
FEB 29 2008
MOUNT HOPE CEMETERY

c/o Purchase
valdez manuela 231454

I hereby certify I am the Cousin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231437

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: Rudy Hernandez

Address: 1024 SANTA Helena AVE

City: Henderson NV. Zip Code: 89002

Telephone: (702) 365-9167

N.R.

Work Order # E 20644

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Maricela Valdez B.
1330 E 1st Street
N. City Ca, ~~92~~ 91950
(619) 395-6209

E20674

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: Daniel Barrera

Interment Date: 3/6 Time: 10:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 189 Grave: 5

Grave Laid out by: David & Juan

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20644

36

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
DANIEL	BARRERA	VILLELA

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	07/09/1971	02/27/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
TIJUANA, B.C.	MEXICO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
MARICELA VALDEZ	SISTER	EL CAMINO MEMORIAL-I.A. 3953 IMPERIAL AVE SAN DIEGO CA 92113 EGALVEZ	FD670 2800385

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1330 E 1ST ST
NATIONAL CITY CA 91950

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103050.

9A. APPLICANT SIGNATURE ▶ E. Galvez

9B. DATE SIGNED 03/04/2008

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION
This permit is issued in 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.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	03/04/2008	▶

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
-

10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
VITAL RECORDS
P.O. BOX 85222
SAN DIEGO CA 92186-5222

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

- [x] A. BURIAL OR SCATTERING IN A CEMETERY (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 OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY
- [ ] I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	12B. DATE BURIED 3/6/08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ [signature]	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

** THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.*

E20644

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: Daniel Barrera

Interment Date: 3/6 Time: 10:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 189 Grave: 5

Grave Laid out by: David & Juan

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20644

36

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
DANIEL	BARRERA	VILLELA

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	07/09/1971	02/27/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
TIJUANA, B.C.	MEXICO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
MARICELA VALDEZ	SISTER	EL CAMINO MEMORIAL-I.A. 3953 IMPERIAL AVE SAN DIEGO CA 92113 EGALVEZ	FD670 2800385

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1330 E 1ST ST
NATIONAL CITY CA 91950

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ E. Galvez

9B. DATE SIGNED 03/04/2008

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION
This permit is issued in 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.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	03/04/2008	▶

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
-	VITAL RECORDS P.O. BOX 85222 SAN DIEGO CA 92186-5222

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

- [x] A. BURIAL OR SCATTERING IN A CEMETERY (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 OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY
- [ ] I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	12B. DATE BURIED 3/6/08 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Michael J. [illegible]	12C. INTERMENT NUMBER—IF APPLICABLE
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	13C. CREMATION NUMBER—IF APPLICABLE
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION 16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* 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 2/29/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALONDRA ACOSTA (GARCIA) 231432

in a O Liner (Type of Burial Container) Funeral, date, time March 5, 10 am

Church, Chapel, Graveside Chapel Community Mortuary. 426-2006

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1087 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.06
Burial Container Liner 16"x40"x10" wxlxd	99.00
Handling Fees	36.00
Flower vases – Marker setting	~~[illegible]~~ (MDC)
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	$527.67
Paid receipt number R-60718	527.67
Balance due	∅

PAID FEB 29 2008 MOUNT HOPE CEMETERY

No liner used due to casket size credit given for marker

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature VICTOR M.A.S

VICTOR ACOSTA 231433
Print Name

4095 29th ST.
Address

SAN DIEGO CA. 92113
City Zip Code

(619) 765-6421
Telephone

Invoice # _____

Work Order # E 20645

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20695

2

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 0-Liner

		Hernandez castro				
	Rashada Warren		X			Mendoza
					Smith Jr.	

Flagged **Yes** _____ **No** _____

Blind check Initiated by: Paulette Date: 3-3-08

Interment space for: ALondra Acosta (Garcia)

Interment Date: Wedsday Time: 10:00 Chapel

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1087 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

E 20645

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 8mos

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALONDRA	-	ACOSTA	06/15/2007	02/29/2008	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	ROXANA GARCIA, MOTHER 409 29TH STREET SAN DIEGO, CA 92130

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 an of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT – Person taking permit: ▶

8B. DATE SIGNED: 03/04/08

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	03/04/2008	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 SAN DIEGO CA 92102	11B. DATE BURIED 3-5-08	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

Date 3/3/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus Lopez 231441

in a DD Crypt (Type of Burial Container) Funeral, date, time Fri 3/7/08 @ 10am

Church, Chapel, Graveside _____ : El Camino/NC Mortuary.

All Funeral cars 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 204 Grave 2

Grave space & Care Fund	E18163	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		

8/16/2005

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 20646

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20646

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

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Jesus Lopez

Interment Date: 3/7/08 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 204 Grave: 2

Grave Laid out by: David + Juan

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20646

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
JESUS	-	LOPEZ	08/28/1921	02/29/2008	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	MARCELA LOPEZ, DAUGHTER 234 COTTONWOOD RD. #2 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 taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-N.C., 607 NATIONAL CITY BLVD. SAN DIEGO, CA 91950	FD-284	▶ Carla Pheu	03/04/2008

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	03/04/2008	▶ 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 3-7-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Lerque	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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.)

E20646 Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Dec. 3, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angela Lopez 227259

In a DD 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 204 Grave 2 Row Section 2 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	375 —
Flower vases – Marker setting/fee	
Recording and filing fee	50 —
Sales taxes	332.40
Total Due	2250.40
Paid receipt number R56964	569 —
Balance due	1681.40

PAID

AUG 16 2005

MOUNT HOPE CEMETERY

Pd in full Total $ 2250.40 F 5 4085 $204.84

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 Angela Lopez (Signature)

X 620 Omeara St (Address)

X San Diego CA. 92114 (City, Zip Code)

X (619) 264-39-86 (Telephone)

Signature of recorded holder of deed

Pah

Work Order # E 18163

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-18163

new address 227259 LOPEZ, ANGELA ~~620 Omeara St SD CA 92114 (619) 264-9986~~ 259 Willowrd APTH San Ysidro, CA 92173 662-0349

Date	Description	Debit	Credit	Balance
12-03-2003	Opened pre-need lot and trust to include 1 open/close, DD Crypt, handeling fee 1 recording fee and tax. R-56964 Div 12 Sec 2 Lot 204 Gr 2	1265.40		
	25% down	985.00		2250
			569.00	1681.40
1-13-04	Payment #1 no Coupon R-57086		70.00	1611.40
2-3-04	" #2 " R-57159		70.00	1541.40
3-4-04	3 " 57281		70.00	1471.40
4-5-04	4 " R-57398		70.00	1401.40
5-5-04	5 " R-57513		70.00	1331.40
6-9-04	6 " R-57638		70.00	1261.40
7-14-04	7 " 57792		70.00	1191.40
8-16-04	no coupon 8+9 57849		140.00	1051.40
10-28-04	" 10+11 58160		140.00	911.40
12-13-04	no coupon 12+13 58309		140.00	771.40
2-5-05	No coupon 14+15 58467		140.00	631.40
4-5-05	" 16+17 58711		146.56	484.84
5-24-05	" 18+19 58872		140.00	344.84
7-6-05	" " 59019		140.00	204.84
8-16-05	" " 59085		204.84	0
	PAID IN FULL			

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/3/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of August Rokhman 231428

in a DDCrypt (Type of Burial Container) Funeral, date, time Thurs, March 6 @ 10:00

Church, Chapel, Graveside ____ ; Threshold Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. ____

Division 4 Section 1 Blk/Row ____ Lot 34 Grave 3

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	539.00
Handling Fees	227.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	41.77
Total Due	2,238.77
Paid receipt number R-60720	2,238.77
Balance due	-0-

PAID
MAR 03 2008
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.

231427

I hereby authorize the interment in lot I hold under deed.

R Rokhman
Signature

Raisa Rokhman
Print Name

1055 9th Ave, Apt. 801
Address

San Diego, CA 92101
City Zip Code

(619) 702 9443
Telephone

Invoice # ____

Work Order # E 20647

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Low Income

© Printed on recycled paper

E20647

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 DOCRYPT A

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: August Rokhman

Interment Date: _____ Time: _____

Div: 4 Sect: 1 Blk/Row: ____ Lot: 34 Grave: 3

Grave Laid out by: DAVID & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20647

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: August Rokhman

Address: 1055 9th Ave 801

City: San Diego State CA Zip Code 92101

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income			Annual Income
	(1) $14,400		(4)	$ 39,980
X	(2) $ 23,590 $18,288 SS.		(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.

R. Rokhman — Signature
wife — Relationship
03/03/2008 — 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

Guidelines Mt. Hope Low-Income Fee Waiver

(Effective November 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 and cannot be used if funding is provided through insurance or "victim funds" intended to cover *both* funeral *and* burial costs.

*** REC 2008057 123145 H93129E0 F2WQ CIPQYA2 PQA2 (F-HJS) *** E20647

SOCIAL SECURITY ADMINISTRATION

Date: February 26, 2008
Claim Number: 611-86-6565AI

AVGUST ROKHMAN
APT 801
1055 NINTH AVE
SAN DIEGO CA 92101-5533

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 2008, the current
Supplemental Security Income payment is.....$ 762.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as an aged individual.

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

*** REC 2008057 123122 H93129E0 F2WQ CIPQYA2 PQA2 (F-HJS) *** E20647

SOCIAL SECURITY ADMINISTRATION

Date: February 26, 2008
Claim Number: 615-37-1440AS

RAISA ROKHMAN
APT 801
1055 NINTH AVE
SAN DIEGO CA 92101-5533

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 2008, the current
Supplemental Security Income payment is.....$ 762.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as an aged spouse.

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.

(1a) for P-J Rules

OFFICE MANAGER

E20647

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AVGUST	MIKHAILOVICH	ROKHMAN	11/07/1929	03/02/2008	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	YURIY CHABAN, FRIEND 5139 CLAIREMONT MESA BLVD. SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
THRESHOLDS, 8719 LOS COCHES ROAD LAKESIDE, CA 92040	FD1788	▶ [signature]	03/05/2008

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	03/05/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-3-08	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.)

Pre-need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/3/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raisa Rokhman 231427

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 4 Section 1 Blk/Row _____ Lot 34 Grave 3

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	
Total Due	598.00
Paid receipt number P-01152	598.00
Balance due	0

PAID
MAR 03 2008
MOUNT HOPE CEMETERY

I hereby certify I am the self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

R. Rokhman
Signature

Raisa Rokhman
Print Name
1055 9th Ave, Apt 801
Address
San Diego, CA 92101
City Zip Code
(619) 702 9443
Telephone

Invoice # _____

Work Order # E 20648

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

In grave with Henry S Berlin / Wm H.V. Berlin

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/3/2008

231564

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adalene J. Berlin Aka Peggy

in a ASH VAULT (Type of Burial Container) Funeral, date, time Friday April 25 1:00

Church, Chapel, Graveside (Witness) Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Cypress to deliver

will be applied and billed to undersigned.

Division Mas Section S Blk/Row ~ Lot 8 Grave 9 (C)

Grave space & Care Fund B-7951 D-3129 Ø

Overtime/Late Arrival Fees 5/73

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases – Marker setting fee RE-SET FEE R-60825

Recording/Filing/Transfer Fees

Sales taxes

Nonterfund transfer $ deposited into 100 fund MFD

Total Due Ø

Paid receipt number B-7951 — & W.O. D-3129

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.

Pamela Vadnais

Signature

1338 ELNIDO DR
Fallbrook CA 92028

Print Name

Address

City Zip Code

Telephone

See attached

Invoice #

Work Order # E 20649

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Pamela 760-519-6014

© Printed on recycled paper

E20649

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Henry S. Berlin/Wm. Berlin ⊗

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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: (Peggy) Adalene J. Berlin ⊗

Interment Date: Witness Time: 4/26/08 Friday

Div: MAS. Sect: 5 Blk/Row: – Lot: 8 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

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

DATE 5-26 1973

CHARGE Adalene J. Berlin

ADDRESS 1318-29th St. S.D. (2)

NAME OF DECEASED Pre-Need Cem. chgs

OWNER

ADDRESS

MORTUARY

LOT 8 GR 9 ROW SEC Mas DIV S

OPENING TIME DAY DATE 30 00

VAULT ~~BOX~~ SIZE Ash 31 50

REMOVAL OR FOUNDATION VET. Recording 12 00

PAID RECEIPT NUMBER 20282 TOTAL $ 73.50

BALANCE

PAID
MAY 26 1973
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY Adalene J. Berlin

ORDER TAKEN BY R. Ruhlehne

W.O. NO. D 3129

INVOICE NO. Cash

FORM PR-974 REV.

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT
MOUNT HOPE CEMETERY

Nº 20282
Nº 19280

DATE 5-26 1973

FROM Adalene J. Berlin ADDRESS 1318-29th St. S.D.

Seventy three & 50/100 DOLLARS ($ 73.50)

IN full PAYMENT OF Pre-Need Cem. chgs.

LOT 8 GRAVE 9 ROW SECTION Mas DIVISION ~~BLOCK~~ S

INVOICE NO. Cash

W.O. D. 3129

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 29 1973

ISSUED BY Ruhlehne

CREDIT SALES CARE	306 951	
HALF SALES OF LOTS	100 7784	
OPENINGS	100 7781	30 00
BOXES	100 7782	31 50
REMOVALS FOUNDATIONS	100 7783	12 00
TOTAL PAID $		73 50

FORM AC-212

E20649

E 20649

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-4 1961

CHARGE Adelene J. Berlin

ADDRESS 1318 29th St. S.D 2

NAME OF DECEASED William H. V. Berlin

OWNER

ADDRESS

MORTUARY Benbough Mortuary

LOT 8 GR 9 ROW SEC MAS DIV S		
OPENING TIME DAY DATE Thurs. 12-7-61	23	00
VAULT ~~BOX~~ SIZE ash	23	92
REMOVAL OR FOUNDATION		
TOTAL	$46.	92
PAID RECEIPT NUMBER 11281		
BALANCE		

Center of grave Inter

Mr. Gant to call back on billing

PAID
DEC 6 1961
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE ENTENDED
I AGREE TO ABIDE BY THE RULES AND REGULATIONS

AUTHORIZED IN PERSON PHONE BY Herman Gant

ORDER TAKEN BY K G Wells

W.O. NO. B 7951

INVOICE NO. 57634

FORM PR-974 REV.

90102 E20649 Acm 827

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

102

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ADALENE	JOSEPHINE	BERLIN	11/24/1905	02/29/2008	F

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
N DIEGO	SAN DIEGO	PAMELA POLLARD VADNAIS, NIECE 1338 EL NIDO DR. FALLBROOK, CA 92028

TYPED NAME AND ADDRESS OF 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	▶ [signature]	03/07/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	03/07/2008	▶ 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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 4-25-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE. SAN DIEGO CA 92113	12B. DATE CREMATED MAR 11 2008	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.12/04)

REC'D MAR 10 2008

SPECIAL INSTRUCTIONS REGARDING CREMATION

3

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND 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 3/3/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fausta Bahena 231434

In a DD Crypt (Type of Burial Container) Funeral, date, time Thurs, March 6 @ 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 100F Section _____ Blk/Row 10 Lot 22 Grave 5

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	539.00
Handling Fees	227.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	41.77
Total Due	2,238.77
Paid receipt number R-60722	2,238.77
Balance due	0

PAID
MAR 03 2008
MOUNT HOPE CEMETERY

AP0336SA

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

Jose Bahena 231435
Print Name

4010 Wabash Ave
Address

San Diego CAL 92104
City Zip Code

619-280-4501
Telephone

Invoice # _____

Work Order # E 20650

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

LOWINCOME

E20650

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

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Fausta Bahena

Interment Date: 3/6/2008 Time: _____

Div: IOOF Sect: _____ Blk/Row: 22 Lot: 5 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

E20650

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: Fausta BAHENA

Address: 4010 WABASH AVE

City: SAN Diego State CAL 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	1+	X	(6) $ 55,180	$63,180

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 SON Date 3.03-08

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

_____

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

Guidelines Mt. Hope Low-Income Fee Waiver

(Effective November 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 and cannot be used if funding is provided through insurance or "victim funds" intended to cover *both* funeral *and* burial costs.

E 20650

Form **1040** Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2007

IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2007, or other tax year beginning , 2007, ending , 20 — OMB No. 1545-0074

Label (See instructions.) **Use the IRS label.** Otherwise, please print or type.

Your first name: JOSE	MI	Last name: BAHENA
If a joint return, spouse's first name: NORMA	MI	Last name: BAHENA
Home address (number and street). If you have a P.O. box, see instructions.: 4010 WABASH AVE		Apartment no.
City, town or post office. If you have a foreign address, see instructions.: SAN DIEGO	State: CA	ZIP code: 92104

Your social security number: 623-05-7872

Spouse's social security number: 605-94-6985

You **must** enter your social security number(s) above.

Presidential Election Campaign — Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want $3 to go to this fund? (see instructions) ► ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above & full name here. ►

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►

5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a

b ☒ **Spouse**

Boxes checked on 6a and 6b: 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)
JOSE N BAHENA	614-38-5474	Son	☐
IVAN BAHENA	607-76-2303	Son	☒
DANIEL BAHENA	606-15-1101	Son	☒
			☐

If more than four dependents, see instructions.

No. of children on 6c who: • lived with you: 3 • did not live with you due to divorce or separation (see instrs):

Dependents on 6c not entered above:

d Total number of exemptions claimed — Add numbers on lines above ► 5

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	45,762.
8a	**Taxable** interest. Attach Schedule B if required	8a	73.
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	
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	45,835.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23	Educator expenses (see instructions)	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	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 - 31a and 32 - 35	36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ►	37	45,835.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

03/03/2008 01:13 16192804501 JOSE PAGE 01

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

► Do not send to the IRS. This is not a tax return.
► Keep this form for your records. See instructions.

2007

Declaration Control Number (DCN) ► 00-337315-01082-8

Taxpayer's name	Social security number
JOSE BAHENA	623-05-7872
Spouse's name	**Spouse's social security number**
NORMA BAHENA	605-94-6985

Tax Return Information – Tax Year Ending December 31, 2007 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	45,835.
2	Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 10)	2	0.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	1,915.
4	Refund (Form 1040, line 74a; Form 1040A, line 44a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	3,915.
5	Amount you owe (Form 1040, line 76; Form 1040A, line 46; Form 1040EZ, line 12)	5	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize RAQUEL MCCORMICK (ERO firm name) to enter or generate my PIN 57872 (do not enter all zeros)

as my signature on my tax year 2007 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► Date ► 2-29-08

Spouse's PIN: check one box only

[X] I authorize RAQUEL MCCORMICK (ERO firm name) to enter or generate my PIN 46985 (do not enter all zeros)

as my signature on my tax year 2007 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Date ► 2-29-08

Practitioner PIN Method Returns Only – continue below

Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN ..... 33731533731 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2007 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ► Date ► 02/29/08

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879** (2007)

FDIA1701 12/18/07

E 20650

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

62

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FAUSTA	-	BAHENA	09/20/1945	03/01/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SIMON BAHENA OCAMPO, HUSBAND 5368 IMPERIAL AVENUE #2 SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sienna Bahena	3/4/08

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103056 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	03/04/2008	▶ 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 3-6-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/5/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hwason Cleary @ Pin#231488

in a Ash Vault (Type of Burial Container) Funeral, date, time Friday 21, Mar 2:00

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 1 Blk/Row _____ Lot 135 Grave 1

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee $94.00 Reset	
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number R-60726	510.06
Balance due	0

PAID MAR 05 2008 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.

Nanson Hwa
Signature

231489

Nanson Hwa
Print Name

607 Westview Place
Address

Chula Vista, Ca. 91910
City Zip Code

619-691-8805
Telephone

Work Order # E 20651 N.R.

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20651

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Chen & Young Hwa

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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

		Erickson	Gilbert			
			X	Perine		
			Holmes			

Flagged Yes ✓ No ____

Blind check initiated by: Pacelette Date: 3/19/08

Interment space for: Hwasun Cleary ⊗

Interment Date: 3/21/08 Time: 2:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 135 Grave: 1

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Norman Date 3-20-08

Cremains were placed at: IN THE MIDDLE OF THE GRAVE of grave

E20651

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

71

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
HWASUN	-	CLEARY

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	04/18/1936	01/28/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
CENTRALIA	WASHINGTON

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
NANSON HWA	BROTHER	NEPTUNE SOCIETY OF SAN DIEGO 14065 HWY 8 BUS EL CAJON, CA 92021	FD-1352

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
607 WESTVIEW PLACE
CHULA VISTA, CA 91910

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 100055.

9A. APPLICANT SIGNATURE ▶ Thomie M. Pryor 3/5

9B. DATE SIGNED 03/07/2008

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION
This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified on this permit. NOTE: This permit gives no right of disposal outside of California.

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	03/07/2008 THOMIE PRYOR	▶ 2800430

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
PO BOX 85222 SAN DIEGO, CA 92186-5222	

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

- [x] A. BURIAL OR SCATTERING IN A CEMETERY (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 OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY
- [ ] I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3752 MARKET STREET SAN DIEGO, CA 92102	12B. DATE BURIED 3/21/2008	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Michael J. Quinlan	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* 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 trust 8 Chairs

Date 3/5/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for James A. DeWitt 228753

in a Ø N/A (Type of Burial Container) Funeral, date, time Mon Mar 17, 200 pm

Church, Chapel, Graveside : Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row ✓ Lot 100 Grave 1

Grave space & Care Fund E-19076	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.00
Burial Container	
Handling Fees	
Flower vases – Marker setting	
Recording/Filing/Transfer Fees	65.00
Sales taxes	—
Total Due	214.00
Paid receipt number P-01157	214.00
Balance due	Ø

PAID
MAR 06 2008
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

X Print Name Anne N DeWitt

X Address 5010 Gardena Ave

City San Diego, CA Zip Code 92110

X Telephone 619-276-1557

Invoice # _____

Work Order # E 20652

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20652

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Delia Soto Dewitt

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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

		MC Cormick	X	Stewart		
		Gilmore	Critchett	Pranger		

Flagged Yes ✓ **No** _____

Blind check Initiated by: Paulette Date: 3/13/08

Interment space for: James A. Dewitt

Interment Date: 3/17/08 Time: 2pm

Div: 8 Sect: 4 Blk/Row: ____ Lot: 100 Grave: 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 at: _____ of grave

E 20652

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01157

Date: March 6, 2008

From: Anne N. De Witt Address: 510 Gardena Ave, SD CA 92110

Two hundred fourteen and 00/100 Dollars ($ 214.00)

in full Payment of Pre-need trust for James A. DeWitt

Div 8 Sec 4 Blk/Row ____ Lot 100 Grave 1

Invoice No. E-20652

Acct. No. ____

W.O. ____

BALANCE DUE $0

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2010

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAR 06 2008

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	214.00
Trust	77186	

TOTAL PAID $ 214.00

AC-212 (11-05)

This information is available in alternative formats upon request.

E20652

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 78

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 8223

1A. NAME OF 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	ALFRED	DEWITT	12/30/1929	03/09/2008	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	ANNE DEWITT, DAUGHTER 5010 GARDENA AVE. SAN DIEGO, CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
AMERICAN CREMATION SERVICE, 6136 MISSION GORGE ROAD, STE 100 SAN DIEGO, CA 92120	FD1752	▶ [signature]	03/11/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	03/11/2008	▶ 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
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 3-12-08	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 3-12-08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need
10+/ trust

Date 3-6-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Anne Dewitt / Gabriela Santana 231461

in a N/A (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row 2 Lot 96 Grave 1

Grave space & Care Fund	426.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup 2 o/c $149.	298.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 A/C $65.	130
Sales taxes	
Total Due	854.00
Paid receipt number P-01158	400.00
Balance due	454.00

PAID
MAR 06 2008
MOUNT HOPE CEMETERY

actually pd 1/7/09
P01588

I hereby certify I am the Self & 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.

231460

I hereby authorize the interment in lot I hold under deed.

Signature

Anne N DeWitt
Print Name
5010 Gardena Ave
Address
San Diego, CA 92115
City Zip Code
619-276-1557
Telephone

Doc'd mailed 1/8/09

Invoice # _____

Work Order # E 20653

Acct. # _____

9/2/08 Mailed coupons

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need lot/trust E-20653

DeWitt, Anne & Gabriela Santana 5010 Gardena Ave

DIV 8 SEC 4 LOT 96 SD CA 92110

	DEBIT	CREDIT	BALANCE
3/6/2008 Opened pre-need lot/trust for two	426.00		426.00
c[illegible]tion burials Lot $426, two r/f fees $130, two	428.00		854.00
o/[illegible] $298. P-01158.		400.00	454.00
3/26/08 P-01182 - Coupon #1		18.92	435.08
4/14/08 P-01206 - Coupon #2		20.00	415.08
5-21-08 P-01246 - Coupon #3		100-	315.08
7-7-08 P-01318 Coupon 8,9 67007		32.44	282.64
9-22-08 P-01405		100.00	182.64
01/05/09 P-01588		182.64	Ø

PAID

JAN 5 2009

pd in full

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P01588

Date: 1/5, 20 09

From: Anne De Witt Address: on file

One hundred, eighty-two and 64/00 Dollars ($ 182.64)

in part Payment of Pre-need

Div 8 Sec 4 Blk/Row Lot 96 Grave 1

Invoice No. E20653

Acct. No.

W.O.

BALANCE DUE $0

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check

1649

AC-212 (2-08)

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 5 2009

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	182	64
Pre-Need Trust	63033 77186		
TOTAL PAID	$	182	64

?

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01405

Date: 9/22, 20 2008

From: Anne N. Dewitt Address: on file

One Hundred and 00/00 Dollars ($ 100.—)

in part Payment of Pre-need Lot, trust.

Div 8 Sec 4 Blk/Row Lot 96 Grave 1

Invoice No. E-20653

Acct. No.

W.O.

BALANCE DUE $ 182.64

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 22 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	100.—
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	

TOTAL PAID $ 100.—

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 4796

AC-212 (11-05)

This information is available in alternative formats upon request.

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-20653
E20653

Anne N. DeWitt
Gabriela Santana
5010 Gardena Avenue
San Diego, CA 92110

Payment Number:	12	**Payment Due Date:**	03/06/2009
Payment Amount:	**18.92**	**Amount Enclosed:**	$100.00
Payment after 03/16/2009:	18.92		
Bal. After This Payment:	164.80 ~~226.96~~	*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payments Remaining:	12.00		

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01318

Date: 7/17 , 20 08

From: Anne N. Dewitt Address:

Thirty-two and 44/00 Dollars ($ 32.44)

in 1 Payment of Pre-need lot, coupons 8, 9

Div 8 Sec 4 Blk/Row 1 Lot 96 Grave 1

Invoice No. E-20653

Acct. No.

W.O.

BALANCE DUE $ 282.64

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 4768

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 17 2008

MOUNT HOPE CEMETERY

ISSUED BY paulette C.

CREDIT	67007	32	44
20% Sales Care	77184		
Pre-Need	63033		
Trust	77186		
TOTAL PAID	$	32	44

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01155

Date: 3/6 , 20 08

From: Anne N. Dewitt Address: 5010 Gardena Ave, SD CA 92110

Four hundred and 00/00 Dollars ($400.-)

in Part Payment of Pre-need Lot / Trust for Anne N. Dewitt & Gabriela Santana

Div 8 Sec 4 Blk/Row Lot 96 Grave 1

Invoice No. E-20653

Acct. No.

W.O.

BALANCE DUE $454.00

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2010

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 06 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	400.	—
Trust	77186		
TOTAL PAID		$ 400.	00

AC-212 (11-05)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01206

Date: 4/14 , 20 08

From: Anne DeWitt Address: on file

Twenty and 00 Dollars ($ 20 -)

in part Payment of pre-need lot/trust

Div 8 Sec 4 Blk/Row Lot 96 Grave 1

Invoice No. E-20653

Acct. No.

W.O.

BALANCE DUE $ 415.08

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 4748

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 14 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	20 00
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	

TOTAL PAID $ 20 -

AC-212 (11-06)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01246

Date: 5/20, 20 08

From: Anne N. Dewitt Address: on file

One hundred and 00 Dollars ($ 100.-)

in part Payment of Pre-need 104 / trust. Coupon #3

Div 8 Sec 4 Blk/Row Lot 96 Grave 1

Invoice No. E-20053

Acct. No.

W.O.

BALANCE DUE $ 315.08

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 4757

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 21 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	100 —
Trust	77186	
TOTAL PAID		$ 100.—

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01182

Date: 3/26, 20 08

From: Anne M. Dewitt Address: on file

Dollars ($ 18.92)

in Part Payment of Pre-need lot & trust, Coupon #1

Div 8 Sec 4 Blk/Row Lot 96 Grave 1

Invoice No. E-20653

Acct. No.

W.O.

BALANCE DUE $ 435.08

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

MAR 26 2008

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	18.92
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 4744 ISSUED BY Paulette

TOTAL PAID $ 18.92

AC-212 (11-05)

This information is available in alternative formats upon request.

E20653

Pin: 231460 | Monthly Payments: $18.92 | E- 20653

Name	Address	Zip Code	Amount
DeWITT, ANNE & SANTANA, GABRIELA	5010 GARDENA AVE, SD	92110	$ 854.00

VISION 8 | SECTION 4 | LOT 96 | GRAVE 1

				Payment	PERPETUITY 67007	LOT 100/77184	PRE-NEED 63033
	Opened Pre-Need Ash Lot & Trust						
3/6/2008	Trust include: O/C, LINER, H/F, R/F				$85.20	$340.80	$428.00
	Downpayment		P-01158	$400.00			$400.00
							$28.00
3/26/2008	Payment	1	P-01182	$18.92			$18.92
							$9.08
4/14/2008	Payment	2	P-01206	$20.00	$20.00		
					$65.20		
5/20/2008	Payment	3	P-01246	$100.00			$100.00
						$340.80	($90.92)
7/17/2008	Payment	4	P-01318	$32.44	$32.44		
					$32.76		
9/22/2008	Payment	5	P-01405	$100.00	$100.00		
					($67.24)		
1/6/2009	Payment	6	P-01588	$182.64		$182.64	
					($67.24)	$158.16	($90.92)

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

N.R.

City of San Diego

Date 3-7-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SCHAUFFLER, BONKA ~~#~~ 231449

in a ASH VAULT (Type of Burial Container) Funeral, date, time 3/7/08 Friday

Church, Chapel, Graveside Witness ; FEATHERINGILL (PERMIT) Mortuary.

All Funeral cars 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 6 Blk/Row _____ Lot 2 Grave 4

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	5.06
Total Due	510.06
Paid receipt number R60732	510.06
Balance due	0

PAID
MAR 07 2008
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.

231459

I hereby authorize the interment in lot I hold under deed.

x [signature]
Signature

x HENRI G. SCHAUFFLER
Print Name

x 12419 STARLIGHT LN.
Address

x BOWIE, MD 20715
City Zip Code

x 301-806-0518
Telephone

Invoice # _____

Work Order # E 20654

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PARK DEPARTMENT CEMETERY DIVISION
MOUNT HOPE CEMETERY

No 9544

DATE 4-21 1958

FROM Goodrich C. Stauffler ADDRESS 229 Med. Arts Bldg. Portland Ore.

IN full PAYMENT OF Robert G. Stauffler Serv. DOLLARS ($ 12.00)

LOT 2 GRAVE 8 ROW SECTION 6 DIVISION 3

INVOICE NO 47607

W.O. B-3209

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

PAID R.K.A. APR 23 1958 CITY TREAS.

ISSUED BY [illegible]

CREDIT SALES CARE	306 951	
HALF SALES OF LOTS	100 7784	
OPENINGS	100 7781	12.00
BOXES	100 7782	
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		12.00

FORM 212

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-21 1958

CHARGE Goodrich C. Schauffler

ADDRESS 229 Medical Arts Bldg Portland Ore

NAME OF DECEASED Robert G. Schauffler (Ashes)

OWNER

ADDRESS

MORTUARY

LOT 2 GR 8 ROW SEC 6 DIV 3

OPENING TIME DAY DATE $12.00

VAULT BOX SIZE

REMOVAL OR FOUNDATION

TOTAL $12.00

PAID RECEIPT NUMBER 9544

BALANCE

Interon arrival
2 ft from ft. of Gr.

PAID
APR 21 1958
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY G.C. Stauffler ORDER TAKEN BY R.W. Dehn

W.O. NO. B 3209 INVOICE NO. 47607

FORM 974 (REV.)

E20654

E 20654

4701

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT
MOUNT HOPE CEMETERY

No 13818

DATE 6-13-1966

FROM Bernard Bernard & Hurley ADDRESS 800 Standard Plaza Portland, Ore.

Fifty two and 92/100 DOLLARS ($ 52.92)

IN full PAYMENT OF Frederick C. Schauffler

LOT 2 GRAVE ROW SECTION 6 DIVISION 3

INVOICE NO CASH

W.O. C-3300

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 15 1966
W.

CREDIT SALES CARE	306 951	—
HALF SALES OF LOTS	100 7784	—
OPENINGS	100 7781	23 00
BOXES	100 7782	23 92
REMOVALS FOUNDATIONS	100 7783	6 00
TOTAL PAID $		52 92

UNPAID BALANCE AFTER THIS PAYMENT X

ISSUED BY [illegible]

FORM AC-212

ORDER MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA DATE 6-13-1966

CHARGE Bernard Bernard & Hurley, Atty's.

ADDRESS 800 Standard Plaza, Portland Oregon

NAME OF DECEASED Dr. Frederick C. Schauffler

OWNER

ADDRESS

MORTUARY Lance & Helzman Pk. Portland Ore.

LOT 2 GR 4 ROW SEC 6 DIV 3

OPENING TIME A.M. DAY DATE THUR 6-16-66 23 00

VAULT SIZE Ash 23 92

~~REMOVAL OR FOUNDATION~~ Recording 6 00

TOTAL 52 92

PAID RECEIPT NUMBER 13818

BALANCE

Hold for Left Side

Auth attached

PAID
JUN 13 1966
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY [illegible] ORDER TAKEN BY [illegible]

W.O. NO. C 3300 INVOICE NO. C 1954

FORM PR-974 REV.

E20654
97

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
BONKA	-	SCHAUFFLER

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	06/16/1910	12/27/2007	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LANHAM	MARYLAND

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
HENRI G. SCHAUFFLER	SON	FEATHERINGILL MORTUARY 6322 EL CAJON BLVD. SAN DIEGO, CA 92115	FD-1083

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
12419 STARLIGHT LANE
BOWIE, MD 20715

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Michael Domingo

9B. DATE SIGNED 03/06/2008

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION
This permit is issued in 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.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	03/06/2008 M. DOMINGUEZ	2800405 ▶

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
-	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

- ☒ A. BURIAL OR SCATTERING IN A CEMETERY (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 OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST. SAN DIEGO, CA 92102	12B. DATE BURIED 3-7-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Michael J. [illegible]	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT *

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 3-7-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pik-Wah Lee 231456 11:00

in a Wilbert Vault (Type of Burial Container) Funeral, date, time Tues. May 11, 2008

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 2 Blk/Row ~ Lot ~ Grave 297

Grave space & Care Fund E-11191	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.00
Burial Container Wilbert Vault	—
Handling Fees	—
Flower vases – Marker setting fee	88.72
Recording/Filing/Transfer Fees	85.00
Sales taxes	0
Total	881.72
Paid receipt number AP 282874	881.72
Balance due	0

PAID MAR 07 2008 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 231455 Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

(619) 527-3098

Paulette

Invoice # _____

Work Order # E 20655

Acct. # _____

REA-104 (3-04) *This information is available in alternative formats upon request.*

92021 ELCAJON © Printed on recycled paper

E20655

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 Wilbert Vault delivered installed by Greenwood

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Pik-Wah Lee

Interment Date: Tues 3/11 Time: 11:00 Chapel

Div: 11 Sect: 2 Blk/Row: — Lot: — Grave: 297

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

E20655

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

19

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PIK-WAH	H.	LEE	07/24/1928	03/05/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	MABEL LEE, DAUGHTER 11674 WEATHERWOOD PLACE SAN DIEGO, CA 92131

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE SAN DIEGO, CA 92113	FD843	▶ [signature]	03/10/2008

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	03/10/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-12-08	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.)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/10/2008

PRODUCER (714)905-1923 FAX: (714)905-1910
Hayward Tilton & Rolapp Insurance Associates,
License #0614365
888 S. Disneyland Dr. STE 400
Anaheim CA 92802

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
Legrand Wilbert LLC.
4212 Whittier Blvd.
Los Angeles CA 90023

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A Travelers Property Casualty Co.	
INSURER B Travelers Indemity Co of Conn.	
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	6303255B957TIL07	7/1/2007	7/1/2008	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A		AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	8103255B957TIL07	7/1/2007	7/1/2008	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
A		EXCESS/UMBRELLA LIABILITY X OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $	CUP3255B957TIL07	7/1/2007	7/1/2008	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000 $ $ $
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	UB154D289808	3/1/2008	3/1/2009	Y WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

* Proof of Coverage* * 10 Day Notice of Cancellation issued for non-payment of Premium. * This Cancels & Replaces the Certificate issued on 2/26/08*

CERTIFICATE HOLDER

(619)527-3403
Mount Hope Cemetery
Attn: David
3751 Market Street
San Diego, CA 92102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Employee Benefits	EBLIA		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
2,000,000	1,000,000				

Ref #	Description	Coverage Code	Form No.	Edition Date
	Drive other car	DOC		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date
	Medical payments	MEDPM		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
5,000					

Ref #	Description	Coverage Code	Form No.	Edition Date
	Uninsured motorist combined single limit	UMCSL		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,000,000					

Ref #	Description	Coverage Code	Form No.	Edition Date
	Commercial Umbrella Aggregate			

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,000,000					

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

E20655

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 3- -08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pik-WAH LEE 11:00

in a Wilbert Vault (Type of Burial Container) Funeral, date, time Tues. Mar 11, 2008

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 2 Blk/Row ~ Lot ~ Grave 297

Grave space & Care Fund E-11191	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.00
Burial Container Wilbert Vault	—
Handling Fees	—
Flower vessel – Marker setting fee	88.72
Recording/Filing/Transfer Fees	85.00
Sales taxes	0
Total Due	881.72
Paid receipt number	
Balance due	

I hereby certify I am the X DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Mabel Lee
Signature

X Mabel Lee
Print Name

X 11674 Weatherwood Place
Address

X San Diego CA 92131
City Zip Code

X 858-549-6873 858-722-5665
Telephone

(619) 527-3098

Paulette

Work Order # E 20655

Invoice # _____

Acct. # _____

REA-104 (3-04) *This information is available in alternative formats upon request.*

92021 El Cajon

E 20655

美國山姐咕埠中華會館

Chinese Consolidated Benevolent Association 1942

428 THIRD STREET

SAN DIEGO, CALIF. U. S. A.

會員委款籌場道人華 市哥牙地聖 鑑印款捐 Chinese Cemetery Financing Committee

美國 咕姐山 中

DATE 21-Dec 2003

姓名 Mrs. LEE, PIK-WAH, 李何碧華

住址 11674 WEATHER PLACE, SD 92131

經費 CHINESE AREA SECTION #1A Division #11 GRAVE #298 $ 750.-

收款人簽名 Albert Wong, CCBA Coordinator [signature]

MOUNT HOPE CEMETERY (CHINESE AREA)

Date: 21 Dec 2003

The undersigned hereby requests and authorizes the interment of the remains of Mrs. Lee, Pik-Wah (NAME) in Lot —, Gr #298, Row —, Sec. CHINESE, Block/Division #11 in accordance with and subject to the rules and regulations governing Chinese Area, Section #1A said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability and account of said authorization and interment.

會員委款籌場道人華 市哥牙地聖 鑑印款捐 Chinese Cemetery Financing Committee

Signature of relative or legal representative	Address & relationship to deceased or authority to sign authorization

[signature] (Signature)

Albert Wong CCBA Coordinator (Print name & title)

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Inc. Owners.

國美 咕姐山 中華會館 CCBA Real Seal

527-3403

一

美國山姐咕埠中華會館

Chinese Consolidated Benevolent Association Inc.

428 Third Avenue

San Diego Calif. 92101

MT. HOPE CEMETERY FUND
重修好望崗墳場捐款

RECEIPT No. #0942
(收據號碼)

DATED 21 Dec 2003
(月 日 年)

AMOUNT RECEIVED _____
(共計)

NAME (ENGLISH) Mrs. LEE PIK-WAH
(住址) (英文) LAST (姓) FIRST (名) MIDDLE

CITY SAN DIEGO, CA 101-4
(埠) CALIFORNIA ZIP CODE

Chinese Area
Division #11, Section #1A

會員委款籌場墳人華
市哥[illegible]地墾
[illegible]印款捐
Chinese Consolidated Benevolent Committee

✓ FOR PURCHASE OF PLOT (PLOT No. #29P)
(地段號碼)

DONATION
(捐款)

REMARKS: C/O MABEL LEE, 858/549-6873
(附注)

美國
咕姐山
[illegible]
會館

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 3/7/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosalinda Alvarez 231451 1:00

in a T.S. Vault (Type of Burial Container) Funeral, date, time 3/10/08 Monday

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 IOOF Section U Blk/Row 50 Lot 9 Grave 1

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 tax	27.51
Total Due	3507.51
Paid receipt number R-60734	3,507.51
Balance due	Ø

PAID
MAR 07 2008
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 231450

City _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 20656

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20656

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: Rosalinda Alvarez

Interment Date: Mon. 3/10 Time: 230 ARRIVAL

Div: IOOF Sect: ~ Blk/Row: 50 Lot: 9 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

E20656

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

32

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROSALINDA	-	ALVAREZ-OREGON	12/04/1975	03/03/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
BARSTOW	SAN BERNARDINO	MIGUEL VALLEJO, HUSBAND 3547 46TH STREET SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶ [signature]	03/10/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	03/07/2008	▶ 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)	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 3-10-08	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 non-Res.

Date 03/10/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lien Ngo Tung Pin # 231487

in a T.S. Vault (Type of Burial Container) Funeral, date, time Friday Mar. 21 (12:00) Pasadena

Church, Chapel, Graveside Avalon Mortuary 626-449-2121

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division Clain. 11 Section 1 Blk/Row 10 Lot _____ Grave 14

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	472.-
Handling Fees	350.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	36.58
Total Due	1,651.58
Paid receipt number AP002966	1,651.58
Balance due	Ø

PAID MAR 10 2008 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

Print Name KER-KONG TUNG 231486

Address 2093 Racetrack View

City Del Mar, CA Zip Code 92014

Telephone 858-481-5182

Invoice # _____

Work Order # E 20657

Acct. # _____

REA-104 (3-04) 858-481-3182 *This information is available in alternative formats upon request.*

© Printed on recycled paper

E20657

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			
		Stanley Ramona L.			Roy Toy Lee Jr	

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Lien Ngo Tung

Interment Date: 3/21 Time: 12:00

Div: Chin Sect: — Blk/Row: 10 Lot: 14 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

Tung
Lien ngo

James Tung
858-4813182

sat
1,133.00

$1651.58 — Fri
1330.00
278.58
sat.

MC

E20657

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
LIEN NGO	HSIAO	TUNG	12/19/1917	03/09/2008	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 GABRIEL	LOS ANGELES	SUSAN OU, DAUGHTER 6936 FERNCROFT AVE. SAN GABRIEL, CA 91775

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
AVALON PAS FUNERAL HOME & CREM, 415 E. ORANGE GROVE BLVD. PASADENA, CA 91104	FD1458	▶ Gray Zocchede	03/17/2008

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		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	03/17/2008	JONATHAN FIELDING, MD ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 CO DEPT OF PUBLIC HEALTH 313 NORTH FIGUEROA STREET, RM L-1 LOS ANGELES, CA 90012	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE AI LAPPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 3-21-2008	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.)

PRE NEED
lot / trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-18-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for self

in a TS (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 2 Section 5 Blk/Row _____ Lot 3 Grave 1 & 2

Grave space & Care Fund (2)	4528.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup (2)	1066.00
Burial Container (2)	710.00
Handling Fees (2)	526.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees (2)	130.00
Sales taxes	55.02
Total Due	7015.02
Paid receipt number P01164	1404.00
Balance due	5611.02

PAID
SEP 8 2008
P01389
MOUNT HOPE CEMETERY
CC02331

I hereby certify I am the X SELF of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231462

I hereby authorize the interment in lot I hold under deed.

Signature

X MOHAMMAD R. SAMIEI
Print Name

X 10816 Carmel Mountain Rd #D
Address

X SAN DIEGO, CA 92129
City Zip Code

X (858) 672-0947
Telephone

Invoice # _____

Work Order # E 20658

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Coupons mailed 9/21/08

Printed on recycled paper

E20658

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20568 DATE: 9/8/2008

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: Mohammad R. Samiei 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: 2 SECTION: 5 BLOCK / ROW: LOT: 3 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 8th day of September, 2008.

Signature / Date

Cemetery Manager

E20658

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20568 DATE: 9/8/2008

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: Mohammad R. Samiei 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: 2 SECTION: 5 BLOCK / ROW: LOT: 3 GRAVE(s): 2
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 8th day of September, 2008.

Signature / Date

Cemetery Manager

E20658

Pin: 231462 Monthly Payments: $ 234.00 **E-** 20658

Name	Address	Zip Code	Amount
SAMIEI, MOHAMMAD	10816 Carmel Mt Rd. 92129 APT D	92129	$ 7,015.02

DIVISION 2 SECTION 5 LOT 3 GRAVE 1 & 2

			Payment	PERPETUITY 67007	LOT 100/77184	PRE-NEED 63033
5/19/2008	Opened Pre-Need Lot & Trust Trust include: O/C, TS Vault, H/F, R/F			$905.60	$3,622.40	$2,487.02
3/11/2008	Downpayment		$1,404.00			$1,404.00
					$3,622.40	$1,083.02
4/16/2008	Coupon #1	P01209	$234.00		$234.00	
					$3,388.40	
4/16/2008	Coupon #2	P01209	$234.00	$905.60	-$671.60	
				$0.00	$4,060.00	
5/15/2008	Coupon #3	P01238	$234.00		$234.00	
					$3,826.00	
5/15/2008	Coupon #4	P01238	$234.00		$234.00	
					$3,592.00	
5/15/2008	Coupon #5	P01238	$234.00		$234.00	
					$3,358.00	
5/15/2008	Coupon #6	P01238	$234.00		$234.00	
					$3,124.00	
6/16/2008	Coupon #7	P01277	$234.00		$234.00	
					$2,890.00	
6/16/2008	Coupon #8	P01277	$234.00		$234.00	
					$2,656.00	
6/16/2008	Coupon #9	P01277	$234.00		$234.00	
					$2,422.00	
6/16/2008	Coupon #10	P01277	$234.00		$234.00	$0.00
					$2,188.00	$2,487.02
7/7/2008	Coupon #11	P01300	$234.00			$234.00
						$2,253.02
7/7/2008	Coupon #12	P01300	$234.00			$234.00
						$2,019.02
7/7/2008	Coupon #13	P01300	$234.00			$234.00
						$1,785.02
7/7/2008	Coupon #14	P01300	$234.00			$234.00
						$1,551.02
8/8/2008	Coupon #15	P01352	$234.00			$234.00
						$1,317.02
8/8/2008	Coupon #16	P01352	$234.00			$234.00
						$1,083.02
8/8/2008	Coupon #17	P01352	$234.00			$234.00
						$849.02
8/8/2008	Coupon #18	P01352	$234.00			$234.00
						$615.02
8/8/2008	Coupon #19	P01352	$234.00			$234.00
						$381.02
9/8/2008	Coupon #20	P01389	$234.00			$234.00
						$147.02
9/8/2008	Coupon #21	P01389	$234.00			234
						-$86.98
9/8/2008	Coupon #22	P01389	$234.00			234
						-$320.98
9/8/2008	Coupon #23	P01389	$234.00			234
						-$554.98
9/8/2008	Coupon #24	P01389	$229.02			229.02
			$7,015.02			-$784.00

E20659

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need in grave with alan Griffin He chairs

Date 3/10/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Phyllis Griffin 208239

in a Liner (Type of Burial Container) Funeral, date, time Weds March 12 2pm

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 50 Grave 4

Grave space & Care Fund D-4001 < 1-23-19747	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 AP 04503A	1,454.82
Balance due	Ø

PAID
MAR 10 2008
MOUNT HOPE CEMETERY

Colorado 4/2012

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.

James A. Griffin
Signature

James L. Griffin
Print Name

6957 S. Pierce Ct
Address

Littleton Co 80128
City Zip Code

303-933-9492
Telephone

Invoice # _____

Acct. # _____

Paulette N.R.

Work Order # E20659

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20659

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Alson Griffin (T.S. vault)

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's *in the appropriate space (s) that are adjacent to the burial space.*

Burial Container ~~Box~~ Liner

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Phyllis Griffin

Interment Date: 3/12/08 Time: 12pm

Div: 11 Sect: 1 Blk/Row: ^ Lot: 50 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

E20659

83

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PHYLLIS	IRENE	GRIFFIN	04/19/1924	03/03/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	JAMES L. GRIFFIN, SON 6957 SOUTH PIERCE COURT LITTLETON, CO 80128

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT (Person filing permit)	8B. DATE SIGNED
GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE SAN DIEGO, CA 92113	FD843	▶ Deborah King	03/11/2008

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	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	03/11/2008	▶ 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 3-12-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E20660

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 03/11/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wilbert Royace Ford 231481

in a Liner (Type of Burial Container) Funeral, date, time Weds Mar, 19th 11:00

Church, Chapel, Graveside _____ ; CA Burial Mortuary. nat'l cty

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row — Lot 6 Grave 8

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	3,358.93
Balance due	Ø

PAID
MAR 13 2008
MOUNT HOPE CEMETERY

MORT TO pay

I hereby certify I am the Mother / 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.

231480

I hereby authorize the interment in lot I hold under deed.

Signature: Lula + Lawrence Ford

Print Name: Lawrence L Ford

Address: 5216 Solola Ave

City: San Diego Ca Zip Code: 92114

Telephone: (619) 264-9317

Invoice # _____

Work Order # E 20660

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20660

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

		WILLIE REED	X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Wilbert R. Ford

Interment Date: 3/18/08 Time: 11:00

Div: 11 Sect: 2 Blk/Row: — Lot: 6 Grave: 8

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: David N Date 3-14-08

Cremains were placed at: _____ of grave

E20660

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
WILBERT	ROYACE	FORD	02/07/1955	03/10/2008	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	LULA FORD, MOTHER 5216 SOLOLA AVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	3/13/08

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	03/12/2008	▶ 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)

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 3-13-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MOCK SET-UP

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/11/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Otha Odell Graham

In a _____ (Type of Burial Container) Funeral, date, time Mon March 17 @ 11:00

Church, Chapel, Graveside _____ : _____ Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees Mock Set Up	65.00
Sales taxes	
Total Due	65.00
Paid receipt number	35.00
Balance due	30.00

PAID
MAR 11 2008
MOUNT HOPE CEMETERY

Will be buried at Riverside AP 011415

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: Verri Hubbard

Print Name: Verri Hubbard

Address: 5001 Reynolds St.

City: S.D. Zip Code: CA 92113

Telephone: 619-262-7429

Invoice # _____

Work Order # E 20661

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20662

MT. HOPE CEMETERY

INTERMENT ORDER

At need
on grave of husband
(masushi Kariya) 12 chairs

City of San Diego

Date 3/12/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kariya, Kayoko 231479 11:00 [redacted]

in a ASH VAULT (Type of Burial Container) Funeral, date, time March 24th Monday

Church, Chapel, Graveside _____ ; Alhiser Comer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ~~289.00~~ JD will be applied and billed to undersigned. _____

Division 10 Section 4 Blk/Row ~ Lot 4730 Grave 1

Grave space & Care Fund	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	199.–
Burial Container	104.–
Handling Fees	114.–
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	35.–
Sales taxes	8.06
Total Due	510.06
Paid receipt number AP06910B	510.06
Balance due	Ø

PAID
MAR 18 2008
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 Darcy Kariya

fax 760-745-5259

Darcy Kariya 231478
Print Name

15725 Hwy 76
Address

Pauma Valley CA 92061
City Zip Code

760/742-3477
Telephone

Work Order # E 20662 N.R.

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20662

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Masashi Kariyo (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

		[illegible]				
			X	yuriko Kariya	stoner	
			Hiroshi Kariya			

Flagged *Yes* ✓ *No* _____

Blind check Initiated by: Paulette Date: 3/18/08

Interment space for: Kayoko Kariya

Interment Date: 3/24 Mon Time: 2:30

Div: 10 Sect: ~ Blk/Row: ✓ Lot: 730 Grave: 1

Grave Laid out by: [illegible]

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: [illegible] Date 3-21-08

Cremains were placed at: _____ of grave

E20662

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

80

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KAYOKO	TAKECHI	KARIYA	08/19/1927	03/10/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PAUMA VALLEY	SAN DIEGO	LAURIE KARIYA, DAUGHTER 17362 ALMELO LANE HUNTINGTON BEACH, CA 92649

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	9B. DATE SIGNED
ALHISER COMER MORTUARY, 225 S BROADWAY ESCONDIDO, CA 92025	FD297	▶ Laurie Kariya	03/13/2008

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103053 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	03/13/2008	▶ 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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LAKEPOINTE CREMATORIUM, 571J CRANE ST., LAKE ELSINORE, CA 92530	12B. DATE CREMATED 3-14-08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Santiago Alba Jr		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.)

E20663

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/12/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara Julia Baldridge 231471

in a Double Depth "A" (Type of Burial Container) Funeral, date, time Monday Mar 17th 10:30

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 12 Section 2 Blk/Row W Lot 186 Grave 5

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 4/11/08 Came in ck returned NSF FEE. new ck with $25-	41.77
Total Due	3,896.77
Paid receipt number R60796	2,300.00
R-60752	1596.77
Balance due	1296.77
R-60751	300.00

PAID
MAR 12 2008
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.

Paid

231470

I hereby authorize the interment in lot I hold under deed.

Signature

Jerri Baldridge
Print Name

3460 Repecho Drive #N101
Address

San Diego, CA 92124
City Zip Code

Telephone

Invoice # _____

Work Order # E 20663

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20663

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"

				L.C. Morton		Jimmie Morton
			X			
				Covington		

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: RC Date: 3/13

Interment space for: Barbara J. Baldridge

Interment Date: 3/17/08 Time: 10:00 am Mon.

Div: 12 Sect: 2 Blk/Row: — Lot: 186 Grave: 5

Grave Laid out by: HEN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20663

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
BARBARA	JULIA	BALDRIDGE	12/04/1936	03/08/2008	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	CHRISTINE BALDRIDGE-MCCALL, DAUGTHEF 5460 REPECHO DR# 101 SAN, 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
WILLIAMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575	Shelice A. Williams	03/14/2008

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated hereon 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			03/14/2008	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 MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-17-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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, 12 Chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/13/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ying Hing Tsui 231469

in a T.S. Vault (Type of Burial Container) Funeral, date, time Sat. March 15 1:00 Church

Church, Chapel, Graveside 2:30 pm Arrival ; Poway-Bernado Mortuary. 858-748-4441

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Chinese

Division 11 Section 2 Blk/Row ~ Lot ~ Grave 290

Grave space & Care Fund	E-11191	Ø
Overtime/Late Arrival Fees	SAT. FEE	851.—
Opening/Closing & Setup		533.— ✓
Burial Container		355.— ✓
Handling Fees		263.— ✓
Flower vases - Marker setting fee	TRION vase W06087	65.71
Recording/Filing/Transfer Fees		65.00
Sales taxes		27.51
	Total Due	2160.22
	Paid receipt number	2,160.22
	Balance due	Ø

PAID
MAR 13 2008
R-60756
MOUNT HOPE CEMETERY
CDL N2131476 Card
4/2008

I hereby certify I am the Slaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 [signature]

Print Name Sally Tsui Wong Hiang

Address 2618 W. Canyon Ave

City San Diego Zip Code 92123

Telephone (619) 987-8248

Invoice # _____

Work Order # E 20664

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20664

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	RICAR THAN LIU		
		–				

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Ying Hing Tsui

Interment Date: Sat 3/15 Time: 1:00 Chund

Div: 11 Sect: 2 Blk/Row: ____ Lot: ____ Grave 292

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

E20664

MOUNT HOPE CEMETERY (CHINESE AREA)

Date: 13 March 2008

The undersigned hereby requests and authorizes the interment of the remains of Mr. Tsui, Ying Hing (NAME) in Lot ____, Gr ~~#296~~ #292, Row —, Sec. CHINESE, Sect #1 Block/Division #11 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability and account of said authorization and interment.

會員委款籌募協會 市哥牙地區 鑑印款捐 Chinese Cemetery Financing Committee

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

[signature] (Signature)

Albert Wong, Coordinator (Print name & title)

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Inc. Owners.

國美 中華會館 CCBA Red Seal

Receipt #0902

E20664

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

80

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YING	HING	TSUI	09/22/1927	03/13/2008	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	SALLY TSUI WONG-AVERY, DAUGHT[illegible] 2618 W CANYON AVE SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
POWAY-BERNARDO MORTUARY, 13243 POWAY RD POWAY, CA 92064	FD1195

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
		▶ Kim Wils	03/14/2008

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	03/14/2008	▶ 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 ST SAN DIEGO CA 92102	11B. DATE BURIED 3/15/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Callins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 3-14-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose Luis Vasquez 231483

in a Double-Depth A (Type of Burial Container) Funeral, date, time Weds. Mar. 19th 11:00

Church, Chapel, Graveside _____ Humphrey CV Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 127 Grave 2

Grave space & Care Fund	3011.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	717.-
Handling Fees	604.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	55.57
Total Due	5,180.57
Paid receipt number R-60758	5,180.57
Balance due	Ø

PAID
MAR 14 2008
MOUNT HOPE CEMETERY

I hereby certify I am the x wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x [signature]
Signature

IRMA QUIJAS 231482
Print Name
1580 Mendocino DR #64
Address
Chula Vista, CA 91911
City Zip Code
397-0518
Telephone

Invoice # _____

Work Order # E 20665

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20665

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 _____

		GRACE WILEY	X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Jose Luis Vasquez

Interment Date: 3/19/08 Time: 11:00 AM

Div: 12 Sect: 2 Blk/Row: ~ Lot: 127 Grave: 2

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

E20665

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
JOSE	LUIS	VASQUEZ	12/05/1971	03/13/2008	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	IRMA QUIJAS, WIFE 1580 MENDOCINO DRIVE UNIT 64 CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964	▶ Kim Beculer	03/17/2008

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	03/17/2008	▶ 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 ST-SAN DIEGO, CA 92102	11B. DATE BURIED 3-19-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fenquen	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

LOW INCOME AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-17-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of REYERDA LONG 231327

in a LINER (Type of Burial Container) Funeral, date, time MAR 20 2:00 PM

Church, Chapel (BEFORE), Graveside _____ ; PREFERRED Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00 will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 15 Grave 10

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 R60761	1679.47
Balance due	-0-

PAID MAR 17 2008 MOUNT HOPE CEMETERY

CHK#2472 $679.47
CHK#6295 $1000.00

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231405

I hereby authorize the interment in lot I hold under deed.

Freida Long
Signature

Freida Long
Print Name

1863 Opaline Pl
Address

Chula Vista CA 91913
City Zip Code

(619) 941-1306
Telephone

Work Order # E 20666

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20666

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	ANTAWAN DAVIS		

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: REVERDA LONG

Interment Date: _____ Time: _____

Div: 11 Sect: 2 Blk/Row: ____ Lot: 15 Grave: 10

Grave Laid out by: KEN & JOHN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: John Date 3-18-08

Cremains were placed at: _____ of grave

E20666

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 75

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
REVERDA	-	LONG	01/20/1933	03/14/2008	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	FREIDA LONG DANTZLER, DAUGHTER 1863 OPALINE PLACE #511 CHULA VISTA, CA 91913

7A. NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 US SAN DIEGO, CA 92115	FD1746	▶ Mark Jenkins	3-18-08

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	03/18/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3/20/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E20666

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: Reverda Long

Address: 6491 Lemerand ave #4

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 $ 6,348.00		(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.

Freida Jones Daughter 3/17/08

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 Dorsey 3/17/08

Approved by Date

Current SS FORM SSA 1099 Documents verified on: 3/17/08

Approved By INFD

Date 3/17/08

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

E20666

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2007 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

REVERDA LONG

Box 2. Beneficiary's Social Security Number

570-10-3623

Box 3. Benefits Paid in 2007

$12,348.00

Box 4. Benefits Repaid to SSA in 2007

NONE

Box 5. Net Benefits for 2007 (Box 3 minus Box 4)

$12,348.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$12,348.00
Benefits for 2007	$12,348.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

REVERDA LONG
6591 LEMARAND AVE
APT 4
SAN DIEGO CA 92115-7232

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

461-46-3631D

Form SSA-1099-SM (1-2008) DO NOT RETURN THIS FORM TO SSA OR IRS

SOCIAL SECURITY ADMINISTRATION
MID-AMERICA PROGRAM SERVICE CENTER
601 EAST 12TH ST
KANSAS CITY MO 64106-2859

C
M12
0

PRESORTED
FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

REVERDA LONG
6591 LEMARAND AVE

E20666

LIFT TO OPEN

IMPORTANT: TAX INFORMATION ENCLOSED

KEEP THIS FORM FOR PROOF OF SOCIAL SECURITY BENEFITS

NEED TO CONTACT SOCIAL SECURITY? CALL 1-800-772-1213!
OR
VISIT OUR WEBSITE WWW.SOCIALSECURITY.GOV

Printed on recycled paper

U.S. GOVERNMENT PRINTING OFFICE :2008-339-241/00005

Form SSA-1099-SM (1-2008)

Mar. 17 2008 01:00PM P2
FAX NO. :619 2639048
COM :WILL'S COMPUTER SERVICES

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 3/17/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Corinne R. Tolbert Pin # 231485

in a Liner (Type of Burial Container) Funeral, date, time Friday MARCH 21, 2008 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 10 Section — Blk/Row — Lot 983 Grave 1

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 AP#018430	3,358.93
Balance due	0

PAID
MAR 17 2008
MOUNT HOPE CEMETERY

BofA

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.

231484

I hereby authorize the interment in lot I hold under deed.

Signature [signature]

Print Name LARRY V. Tolbert

Address 3484 Ruffin Rd #1Q

City SAN DIEGO Zip Code 92123

Telephone 858-569-6470

Invoice # _____

Work Order # E 20667

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20667

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 3/17/08

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

[x] MORTUARY NAME: Ca Burial

[x] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: Mr. Tolbert, Larry

TELEPHONE NO: 234 3272 Husband

NAME OF DECEASED:

LAST NAME: Tolbert

FIRST NAME: Corinne

DOD: _____ DOB: _____

VETERAN [ ] BRANCH OF SERVICE: _____

[ ] REGULAR SIZE CASKET [ ] OVERSIZE [ ] CHILD

full-body

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: _____

E20667

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

		Rogers	Thornton	Trujillo		
			X	Mc Manus	Shirkie	
			M Olmo	Molina		

Flagged Yes ✓ **No** _____

Blind check Initiated by: Paulette Date: 3/21/08 FRI ?

Interment space for: Corinne R. Tolbert

Interment Date: 3/21/08 Time: 11:00 G.S.

Div: 10 Sect: ~ Blk/Row: ~ Lot: 983 Grave: 1

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

E20667

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
CORINNE	R	TOLBERT	06/22/1955	03/01/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LARRY TOLBERT, HUSBAND 3484 RUFFIN ROAD #1Q 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	3/18/08

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 ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	03/18/2008	▶ 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 3-21-2008	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

Disinterment

City of San Diego

Date 03/17/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alice R. Robbins

in a TS. Vault (Type of Burial Container) Funeral, date, time March Wed 26th

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 6

Grave space & Care Fund	
Overtime/Late Arrival Fees Disinterment /Re-inter	1419.—
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	1419.—
Paid receipt number pt of Rooms	1,419.—
Balance due	Ø

PAID MAR 20 2008

I hereby certify I am the Syster MOUNT HOPE CEMETERY of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Eunice L Murphy
Signature

Eunice L. Murphy
Print Name

3102 Altadena
Address

San Diego CA 92105
City Zip Code

619-316-0347
Telephone

619) 234-3272

Invoice # _____

Work Order # E 20668

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20668

Disinterment

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

	Patterson		X		Cullen	
Sheehan			Mayfield			Edwards
		Young Jr		Mathews		

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Alice B. Robbins

Interment Date: Weds 19th Time: _____

Div: 11 Sect: 2 Blk/Row: ____ Lot: 9 Grave: 6

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Norman Date 3-25-08

Cremains were placed at: _____ of grave

E20668

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF ALICE RUTH ROBBINS

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Alice Robbins 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 Alice Robbins 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 Alice Robbins is identified as:

Lot 9 Grave 6 Section 2 Division 11

We acknowledge that we have been advised that the remains of may not be present and/or intact.

x Eunice L Murphy	x Sister
SIGNATURE(S)	RELATION TO DECEASED

CDL N3534726
11-25-09

Paulette Crafford
WITNESSED BY

3/20/08
DATE

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E 20668

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF Alice Ruth Robbins

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Alice Robbins 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 Alice Robbins 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 Alice R. Robbins is identified as:

Lot 9 Grave 6 Section 2 Division 11

We acknowledge that we have been advised that the remains of may not be present and/or intact.

SIGNATURE(S)

RELATION TO DECEASED

see E-20366

Companion

(verify by previous appt.)

11, 2, 9, 6

2344 Altadena Ave

Paulette Crawford

WITNESSED BY

3-17-08

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

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03/17/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joan Murphy 231497 11:00

in a T.S. Vault (Type of Burial Container) Funeral, date, time 03/27/08 Thursday

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

Macedonia Baptist Church - Market church

All Funeral cars 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	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup SEE (E-20668)	—
Burial Container	355.00
Handling Fees	263.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	27.51
Total Due	678.01
Paid receipt number	678.01
Balance due	Ø

PAID
MAR 20 2008
R-60775
MOUNT HOPE CEMETERY
pt of

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.

231496

I hereby authorize the interment in lot I hold under deed.

Eunice L. Murphy
Signature

Eunice L. Murphy
Print Name

3102 Altadena Ave
Address

San Diego CA 92105
City Zip Code

619-316-0347
Telephone

Invoice # _____

Work Order # E 20669

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20669

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. Svault

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Joan Murphy

Interment Date: 3-2 78 Time: _____

Div: 11 Sect: 2 Blk/Row: ____ Lot: 9 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

E20669

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

12

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOAN	ANN	MURPHY	02/14/1936	03/15/2008	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	EUNICE MURPHY, DAUGHTER 3102 ALTADENA AVE SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	3/24/08

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	03/24/2008	▶ 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 STREET SAN DIEGO CA 92102	11B. DATE BURIED 3/27/08	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. (HEALTH AND SAFETY CODE SECTION 7116.)

At need
Prepaid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/17/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dominga Cruz ⊗

in a ASH VAULT (Type of Burial Container) Funeral, date, time Friday, Mar 28 @ 2pm

Church, Chapel, Graveside _____ Humphrey Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 102 Grave 1

Grave space & Care Fund E-10512 0

Overtime/Late Arrival Fees ..... E-20534 .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees .....

Sales taxes .....

Total Due .....

Paid receipt number _____

Balance due 0

Paid in full 1/03/2003

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.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: Victor C. Rojas

Address: 39992 Nottingham Rd

City: Murrieta CA Zip Code: 92563

Telephone: 951-698-5768

Invoice # _____

Work Order # E 20670

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

PRE-NEED LOT

~~MT. HOPE~~ CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/14/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DOMINGA CRUZ

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 102 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
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	695.00
Paid receipt number 43128	100.00
Balance due	595.00

Paid in full 1/7/1993 R 43209

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.

Dominga Cruz
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

1317 D AVE. #-317
Address
National City CA 91950
City Zip Code
474-5005
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10512

PY-593 (Rev. 8-92)

E 20670

Pre-need TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dominga Cruz 207447

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 3 Blk/Row _____ Lot 102 Grave 1

Grave space & Care Fund E-10512	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	237.00
Recording/Filing/Transfer Fees	85-
Sales taxes	8.06
Total Due	747.06
Paid receipt number R-01083	747.00
Balance due	0

PAID DEC 26 2007 MOUNT HOPE CEMETERY

I hereby certify I am the Hija of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231312

I hereby authorize the interment in lot I hold under deed.

Priscila Rodriguez
Signature

PRISCILA Rodriguez
First Name
10146 HALBRENT AVE.
Address
MISSION HILLS CA 91345
City Zip Code
818-894-0956
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20534

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20670

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
DOMINGA	H.	CRUZ	08/04/1919	02/29/2008	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	VICTOR ROJAS, SON 39990 NOTTINGHILL ROAD MURRIETTA, 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 payment	8B. DATE SIGNED
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964	▶ Kim Brenden	03/03/2008

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	03/03/2008	▶ 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
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 ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY 4300 IMPERIAL AVE-SAN DIEGO, CA 92113	12B. DATE CREMATED 3-7-08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.

1918318

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN 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 31/7/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthuro Cruz ⊗

in a Ash Vault (Type of Burial Container) Funeral, date, time Friday, Mar 28 @ 2pm

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 102 Grave 1

Grave space & Care Fund	E-10512	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		199.00
Burial Container		104.00
Handling Fees		114.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		85.00
Sales taxes		8.06
Total Due		510.06
Paid receipt number	R-60762	510.06
Balance due		0

PAID
MAR 17 2008
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]
Signature

Victor C Rojas
Print Name

39990 Nottingham Rd
Address

Murrieta Ca. 92563
City Zip Code

951-698-5768
Telephone

Invoice # _____

Work Order # E 20671

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

PRE-NEED LOT

E20671

~~MT. HOPE~~ CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/14/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DOMINGA CRUZ

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 102 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
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	695.00
Paid receipt number 43128	100.00
Balance due	595.00

Paid in full 1/7/1993 R-43209

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

Dominga Cruz
Signature

1317 D AVE. #-317
Address

National City, CA 91950
City Zip Code

474-5005
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10512

PY-593 (Rev. 8-92)

E20671

N

W

S

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 (2)

			Morrow	Herrera		
		Bjones	X			
				Swanagain		

Flagged Yes ✓ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Dominga & Arturo Cruz

Interment Date: 3/28 Time: 2pm

Div: 12 Sect: 3 Blk/Row: ____ Lot: 102 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

40072

E20671/48

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
ARTURO	-	CRUZ	06/30/1955	10/25/2003	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP OF INFORMANT
CHULA VISTA	SAN DIEGO	IRMA CRUZ (WIFE) 1058 ELKELTON BLVD. #28 SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD 964

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT — Person taking permit ▶ M Domg	8B. DATE SIGNED 10/29/2003

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN 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 13.00	9B. DATE PERMIT ISSUED 10/29/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2317819 M. DOMINGUEZ

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [x] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANS/T TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED 3/29/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Callus	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE., COSTA MESA, CA 92626	12B. DATE CREMATED OCT 31 2003	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 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 RES: IRMA CRUZ - 1058 ELKELTON BLVD. #28, SPRING VALLEY, CA 91977	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E20671

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
ARTURO	-	CRUZ

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	06/30/1955	10/25/2003	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
CHULA VISTA	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
VICTOR ROJAS	SON	HUMPHREY MORTUARY 753 BROADWAY-CHULA VISTA, CA 91910 KIM BEAULIEU	FD964 2800594

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
39990 NOTTINGHILL ROAD
MURRIETTA, CA 92563

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Kim Beaulieu

9B. DATE SIGNED 04/07/2008

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in 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.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	04/07/2008	▶

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
SAN DIEGO COUNTY HEALTH DEPT. P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

- ☒ A. BURIAL OR SCATTERING IN A CEMETERY (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 OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

15 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/19/2008

231494

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IMAIZUMI, Infant Boy Seth Edward

in a O Liner (Type of Burial Container) Funeral, date, time Thurs. March 20 @ 9am

Church, Chapel, Graveside March Air Force Base Ocamonga Mortuary.

All Funeral cars 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 52 Grave 12

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup Disinterment Fee	1,887.00
Burial Container	133.00
Handling Fees	48.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	10.31
Total Due	2,163.31
Paid receipt number R-66783	2,163.31
Balance due	0

PAID
MAR 18 2008
MOUNT HOPE CEMETERY

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231493

I hereby authorize the interment in lot I hold under deed.

Signature

Roberto G Imaizumi
Print Name

37655 Ruby Lane
Address

Palmdale CA 93552
City Zip Code

(760) 458 6727
Telephone

Invoice # _____

Work Order # E 20672

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20672

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Jimpei Imaizumi

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container O Liner

			X	F IMAIZUMI	L IMAIZUMI	

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Baby boy Imaizumi

Interment Date: 3/20/08 Time: 9:00

Div: 7 Sect: 2 Blk/Row: ____ Lot: 52 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

E20672

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

0

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SETH	EDWARD ISAO	IMAIZUMI	03/10/2008	03/10/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
TORRANCE	LOS ANGELES	KAILA R. IMAIZUMI, MOTHER 37655 RUBY LANE PALMDALE, CA 93552

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CUCAMONGA MORTUARY, 9033 BASELINE ROAD #I RANCHO CUCAMONGA, CA 91730	FD1676	▶	03/18/2008

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	03/18/2008	▶ JONATHAN FIELDING, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 CO DEPT OF PUBLIC HEALTH 313 NORTH FIGUEROA STREET, RM L-1 LOS ANGELES, CA 90012	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, 375 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 03-20-08	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.)

E20672

TRANSMISSION REPORT

(FRI) MAR 14 2008 9:54

User/Account	:	DOCUMENT#	: 7500000-702
DESTINATION	: 919516553064	TIME STORED	: MAR 14 9:54
DEST.NUMBER	: 919516553064	TX START	: MAR 14 9:54
		DURATION	: 21sec
F-CODE	:	COM.MODE	: ECM
PAGES	: 1page		
RESULT	: OK		

THE CITY OF SAN DIEGO

FAX TRANSMITTAL

Date: March 14, 2008

The following 1 total pages (including this cover page) are intended for:

To:	Marcia Raily	From:	Maria Dovensky
Company:		Division:	Mount Hope Cemetery
FAX #	(951) 655-3064	FAX #	(619) 527-3403
Phone #		Phone #	(619) 527-5474

E20672

THE CITY OF SAN DIEGO

FAX TRANSMITTAL

Date: March 14, 2008

The following 1 total pages (including this cover page) are intended for:

To:	Marcia Raily	From:	Maria Dovensky
Company:		Division:	Mount Hope Cemetery
FAX #	(951) 655-3064	FAX #	(619) 527-3403
Phone #		Phone #	(619) 527-5474

SUBJECT: Approximately interment cost for Imizumi infant

Comments:

Disinterment of Jimpei Imaizumi in order to deepen gravesite:	$1,887.00
(Jimpei was interred in a Top Seal Vault, no disturbance of remains)	
Coast of Infant Liner	133.00
Handling Fee for Liner	48.00
Tax on Liner	10.31
Recording Fee	85.00
Total Cost	**$2,163.31**

***Please have the family contact the Cemetery Manager at (619) 527-5473 or Cell (619) 980-2686 To discuss other possible alternatives

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need trust for 2

231472

Date 03/18/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of hr: mary yamaguchi - extra

in a 2 cash vaults (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 11 Blk/Row _____ Lot 157 Grave 2

Grave space & Care Fund	B-4898 <1959>	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	1 @ 199.00	199.—
Burial Container	2 @ 104.00	208.—
Handling Fees	2 @ 114.00	228.—
Flower vases + Marker setting fee	2 vases @ 88.72 / 1 @ 362.88 — 06/13/08 WO6327	540.32
Recording/Filing/Transfer Fees	2 @ 85.00 to install foundation	170.—
Sales taxes	8.06	16.12
	Total Due	1,361.44
	Paid receipt number P-01172	1,361.44
	Balance due	0

PAID

MAR 17 2008

MOUNT HOPE CEMETERY

these S/B monument trans.

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 See attached Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 20673

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

PHILLIPS, HASKETT & INGWALSON / ATTORNEY CLIENT TRUST ACCOUNT

E20673 17121

03/14/08 CITY OF SAN DIEGO - MT. HOPE CEMETERY $1,361.44

FUNERAL EXPENSE

INVOICE DATE/NO	GL ACCT	DESCRIP	DEPT LOC	AMOUNT
031408 40666	111.12	CONTRA CLIENT TRUS		1361.44

05379 1 MARY YAMAGUCHI TRUST-TRUST ADMINISTRATION

PHILLIPS, HASKETT & INGWALSON / ATTORNEY CLIENT TRUST ACCOUNT

E20673

17121

E20673

INVOICE

Mount Hope Cemetery
A cemetery for all

3751 Market Street, San Diego, CA 92102
Phone 619 527-3401 Fax 619 527-3403

DATE: DECEMBER 27, 2007

TO

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Paulette Crawford	Clerical Assistant II	Itemized List	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1			
	First urn interment: Open/Closing, Ash Vault, Handling Fee, Recording Fee, Tax.		$510.06
	Second urn interment: Ash Vault, Handling Fee, Recording Fee, Tax.		$311.06
	Foundation and Border		$362.88
	Two Galvanized Vases	$88.72 each	$177.44
		SUBTOTAL	$1,361.44
		SALES TAX	
		TOTAL	$1,361.44

call Steve Huskett 619-231-3737 ext 102

Daniel Yamaguchi 7/1/157,2

30x12 upright base

Make all checks payable to Mount Hope Cemetery

At Pre-need 8 CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/18/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carmen Cabrera Lucero 231475

in a RD #2 (Type of Burial Container) Funeral, date, time APR 1 TUE 10:00 AM

Church, Chapel, Graveside _____ ; Humphrey Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1070 Grave 1

Grave space & Care Fund	C-8533
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	533.00
Burial Container	
Handling Fees	178—
Flower vases - Marker setting fee 3/28/07	65.00
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	776.00
Paid receipt number P-01175	776.00
Balance due	0

PAID MAR 18 2008 MOUNT HOPE CEMETERY

Interfund Transfer DP 3821536

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.

231474

I hereby authorize the interment in lot I hold under deed.

Maria J. Aguirre (Signature)

MARIA JULIETA AGUIRRE (Print Name)

2728 RHOADES RD. (Address)

SAN DIEGO CA 92139 (City, Zip Code)

(619) 479-4461 (Telephone)

Invoice # _____

Work Order # E 20674

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20674

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 1070 Grave 1

2. My legal authority to the above property is based on the following facts: I Julie Agrandez will ~~be using~~ have been given Lot 1070 from My aunt Jonita + Antonio Echeverria. HAS been OK'ed By Carmen Rodriguez (Mr + Mrs. Echeverria's Daughter) to be used By My Mother Carmen Cabrera Lucero

3. I have presented the following evidence to support the above facts.

I declare under penalty of perjury under the laws of the State of California that the statements before mentioned are true and correct.

Signed on March 18, 2008, _____ in San Diego Cal.
(Date) (City)

Signature Maria J. Agundez Print Full Name MARIA JULIETA AGUNDEZ

To have deed sent to you, fill in your mailing address here:

Full Name Maria J. Agundez
Address 2728 RHOADES Rd.
City, State & Zip Code San Diego Cal. 92139

4. **The Last Step:** To finish transfer of ownership, you must **EITHER**:

(1) File this form with the Mt. Hope Cemetery Administrative Office; **OR**
(2) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102.
(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

E20674

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Westmore, Paul G

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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	JESS WESTMORE		

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Carmen Lucero

Interment Date: 4/1/2008 Time: 10am

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1070 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

E20674

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
CARMEN	CABRERA	LUCERO	04/07/1920	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	MARIA JULIETA AGUNDEZ, DAUGHTER 2728 RHOADES ROAD 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
HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	FD964	▶ Kim Beauchen	03/28/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	03/28/2008	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 MOUNT HOPE CEMETERY 3751 MARKET ST-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. (HEALTH AND SAFETY CODE SECTION 7116.)

E 20674

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR, VIA PURCHASING IF PAYMENT FOR MATERIALS OR SUPPLIES, ORIG. DEPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

DP 3821536

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

TRANSFER OF FUNDS FROM THE CEMETERY PRE-NEED TRUST FUND FOR THE INTERMENT OF CARMEN LUCERO CABRERA. PRE-NEED/ATNEED ORDER E-20674.

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE DEPT. NO. 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYMENT DATE 04 / 01 / 09

FUND OVERRIDE ☐

PAYEE	SEQ	PAYEE FORMAT	VENDOR NUMBER & ALPHA NAME ADDRESS CITY — STATE — ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAY-MENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
			Interfund Transfer					-0-		

TOTAL AMOUNT $ -0-

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTING LINE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		100			77181					(533.00)
		100			77183					(243.00)
		63033	63033		4226					776.00

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

Maria Flor Popoca

DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY Paulette Crawofrd PHONE 619-527-3400 DATE 03/20/2009 DEPT./DIV. NAME Park/Rec-CPI M.S. 072 #

DP

AC-468 (REV. 5-86) 593525

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/18/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Darlene Archbell 231477

in a Liner (Type of Burial Container) Funeral, date, time Thus. March 20 @ 10:30

Church, Chapel, Graveside : Community Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division MAS Section C Blk/Row _____ Lot 5 Grave 8

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-60766	3,358.93
Balance due	0

PAID
MAR 18 2008
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.

231476

I hereby authorize the interment in lot I held under deed.

Signature

David L. Archbell
Print Name
1470 Bridgeview Dr.
Address
San Diego 92105
City Zip Code
(619) 795-9685
Telephone

Invoice # _____

Work Order # E 20675

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20675 N

W — E

S

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 TAF NANCY				
			X			ESCHER ERNEST
				TEBOW FRANK		
		PALMER ELIAS				

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Darlene Archbell

Interment Date: 3/20/2008 Time: 10:30

Div: MAS Sect: C Blk/Row: ____ Lot: 5 Grave: 8

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: [illegible] Date 3-19-08

Cremains were placed at: _____ of grave

E 20675

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DARLENE	GRACE	ARCHBELL	05/18/1936	03/13/2008	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	DAVID ARCHBELL, SON 1470 BRIDGEVIEW 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
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA CA 91911	FD1682	▶	03/18/08

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	03/18/2008	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 MOUNT HOPE CEMETERY SAN DIEGO CA 92102	11B. DATE BURIED 3-20-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 3/19/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clarence Llewellyn Smith Pin: 219173

in a DD Crypt "B" (Type of Burial Container) Funeral, date, time Monday March 24 1200

Church, Chapel, Graveside _____ ; Claremont Mortuary. Dorothy

All Funeral cars 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 1588 Grave 1(b)

Grave space & Care Fund C6613/20540 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.

NAVY

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 _____

See attached

Invoice # _____

Work Order # E 20676

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20676

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need trust

Date 12/31/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Clarence L. Smith 219173

in a Double-Depth "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 10 Section _____ Blk/Row _____ Lot 1588 Grave 1

Grave space & Care Fund E-14997 / C-6613	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	—
Total Due	$ 793.00
Paid receipt number P-01086	$ 793.00
Balance due	Ø

PAID
DEC 31 2007
MOUNT HOPE CEMETERY

I hereby certify I am the X Richard C Smith of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X "Son"
Signature

X Richard C Smith
Print Name

X 7151 Latitude Ln
Address

X Carlsbad 92009
City Zip Code

X 760-931-6969
Telephone

Invoice # _____

Work Order # E 20540

Acct. # _____

REL-1D4 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MAR-19-2008 11:49 4617CLAIREMONT MORTUARY

E20676

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 3/19/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clarence Llewellyn Smith

in a 1 Funeral, date, time Monday March 24 2008

Type of Burial Container

Church, Chapel, Graveside _____ : Clairemont Mortuary Dorothy

All Funeral cars 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 1588 Grave 1(b)

Grave space & Care Fund C6613/20540 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due 0

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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

Richard Smith
First Name

1151 Latitude Ln
Address

Carlsbad, CA 92011
City Zip Code

760 445-9049
Telephone

Invoice # _____

Work Order # E 20676

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E20676

N
W E
S

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Thomas E. Smith

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container DD Crypt "B"

		Riles	Scott	Ragsdale		
		Rewitt	X	Arlenna Smith		
			Nylstrom			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Clarence Llewellyn Smith

Interment Date: 3/24/2008 Time: 12:00

Div: 10 Sect: _____ Blk/Row: ____ Lot: 1588 Grave: 1

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Norman Date 3-21-08

Cremains were placed at: _____ of grave

E20676

91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CLARENCE	LLEWELLYN	SMITH	05/15/1916	03/18/2008	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	RICHARD SMITH, SON 7151 LATITUDE LANE CARLSBAD, CA 92011

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY, 4266 MT ABERNATHY AVE SAN DIEGO, CA 92117	FD 1126	▶ Nick Ford	03/21/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	03/21/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/24/08	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. (HEALTH AND SAFETY CODE SECTION 7116.)

E20676

CASE # CONTRACT # 461701 BATCH #

ARRANGEMENTS

List Visitation Y or N
Symbol Full
Strip
Other

MORT COUN Dorothy Castillo/ Christina Hernandez
Call Secured
FSC COUN
Mortuary Contract #
Arr. Date Time
Cemetery Contract #
Clairemont Mortuary 4617

1. NAME OF DECEDENT-FIRST (GIVEN) CLARENCE	2. MIDDLE ~~LLEWELLYN~~ LLEWELLYN	3. LAST (FAMILY) SMITH	
AKA, ALSO KNOWN AS - include Full AKA (First, Middle, Last)	4. DATE OF BIRTH MM/DD/YYYY 05/15/1916	5. AGE YRS / IF UNDER 1 YEAR: MONTHS, DAYS / IF UNDER 24 HOUR: HOURS, MINUTES	6. SEX M
9. STATE OF BIRTH Indiana	10. SOCIAL SECURITY NO. 563201880	11. MILITARY SERVICE [X] YES [ ] NO [ ] UNK	12. MARITAL STATUS DIVORCED
7. DATE OF DEATH	8. HOUR		
13. EDUCATION - Highest Level Some college	14(1). SPANISH/HISPANIC/LATINO? [ ] YES [ ] NO	16. DECEDENT'S RACE - UP TO 2 RACES (SEE WORKSHEET) Cauc.	
17. USUAL OCCUPATION Engineer	18. KIND OF BUSINESS Aero	19. YEARS IN OCCUPATION 42	
20. RESIDENCE (STREET AND NUMBER OR LOCATION) 12505 ROYAL RD.			
21. CITY El Cajon	22. COUNTY San Diego	23. ZIP 92021	24. YRS IN COUNTY 71 / 25. STATE OR FOREIGN COUNTRY CA
26. INFORMANT'S NAME/RELATIONSHIP RICHARD SMITH - SON	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 7151 LATITUDE LN, CARLSBAD, CA 92011		
28. NAME OF SURVIVING SPOUSE - FIRST —	29. MIDDLE —	30. LAST (MAIDEN NAME) —	
31. NAME OF FATHER - FIRST JACOB	32. MIDDLE CLARENCE	33. LAST SMITH	34. BIRTH STATE Indiana
35. NAME OF MOTHER - FIRST ESTHER	36. MIDDLE GENE	37. LAST (MAIDEN) HALL	38. BIRTH STATE Indiana
NO. CC'S 6 TO: please call	HOLD FOR INS	INFORMANT TEL # H: (760) 931 6969	
101. PLACE OF DEATH AND ADDRESS		INFORMANT TEL # cell: (760) 445 9049	

DATE OF SERVICE	DAY	TIME	PLACE & ADDRESS
3/24/08	Mon	12:00	GRAVESIDE Mt Hope
DATE OF SERVICE	DAY	TIME	PLACE & ADDRESS

INTERMENT [X] ENTOMBMENT [ ] CREMATION [ ] SHIPOUT [ ] URN ARR BY

PLACE Mt. Hope Cemetery

OFFICIANT CHURCH OR DENOMINATION CHECK REQ TEL ARR BY

SPECIAL INSTRUCTIONS TEL ARR BY

* WOULD LIKE MILITARY HONORS & FLAG

ORGANIST ARR BY SOLOIST ARR BY

SELECTIONS SELECTIONS

No	LIMO AT	TIME	DATE	PHONE
No	LIMO AT	TIME	DATE	PHONE

ADMINISTRATION		PREP ROOM Emb - yes	VISITATION YES NO / OPEN OR CLOSED	DIRECTORS AT SERVICE yes
MEM TYPE	#	HAIR	DAY	READY BY
PRAYER			TIME	CONCLUDES AT Mt. Hope
PRAYER CARDS	#	COSMETICS	PUBLIC OR PRIVATE	OPEN - CLOSED - OTHER
PRAYER			READY TIME	FAMILY ROOM Y OR N
BOOK TYPE		CASKET Saturn Blue	FLAG	JEWELRY RETURN
ACK CARDS	#	CASKET # CMS2018CMY	SPECIAL SET UP	MOTOR ESCORTS #
VA PKG (COMPLETE)		CLOTHING Will bring		P.D.'S BY CM Staff
FLAG APPLICATION				MILITARY DETAIL
FLOWERS	by family		ORDER BY:	PS INVOICE #
OTHER NOTE				

RELATIVES:

Non-Res.
At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03/19/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald R. White 231513 10:00

in a TS Vault (Burial Container) Funeral, date, time Friday March 28th

Church, Chapel, Graveside Claremont Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section ~ Blk/Row ~ Lot 981 Grave 1

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	472.00
Handling Fees	350.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	36.58
Total Due	4,662.58
Paid receipt number R60791	4,662.58
Balance due	Ø

PAID
MAR 28 2008
MOUNT HOPE CEMETERY

fax 858 279-2244

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 _____

231512
Print Name

Address

City Zip Code

Telephone

See attached

Invoice # _____

Work Order # E 20677

Acct. # _____

REA-104 (3-04) Victims of Crime

This information is available in alternative formats upon request.

Printed on recycled paper

E20677

JP RCVD
MAR 27 2008

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Non-Res. At Need

Date 03/19/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald R. White in a Top Seal Vault Funeral, date, time Friday March 28th Church, Chapel, Graveside Clairemont Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 10 Section ~ Blk/Row ~ Lot 981 Grave 1

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	472.00
Handling Fees	350.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	36.58
Total Due	4,662.58

fax 858 279-2244

Paid receipt number _____

Balance due _____

I hereby certify I am the MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Gloria D Crockett
Signature

Gloria D. Crockett
Print Name
1344 Oakdale Ave Apt 3
Address
El Cajon, CA - 92021
City Zip Code
(619) 590 0411
Telephone

Invoice # _____

Work Order # E 20677

Acct. # _____

REA-104 (3-94) victims of Crime

This information is available in alternative formats upon request.

E20677

THE CITY OF SAN DIEGO

Victims of Crime Fund
Hall of Justice
330 W. Broadway
San Diego, CA 92101

MARCH 24, 2008

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: Donald R. White

Amount: $4,662.58

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

E 20677

PARK & RECREATION
MOUNT HOPE CEMETERY
3751 MARKET STREET, MS #32
SAN DIEGO, CA 92102
619-527-3400

THE CITY OF SAN DIEGO

FAX TRANSMITTAL

Date: 3/24/2008

The following 7 total pages (including this cover page) are intended for:

To:	Alana	From:	Paulette
Company:	Victims of Crime	Title:	CA II
Fax #	619-525-8433	Fax #	6195273403
Phone #		Phone #	

Subject: Donald R. White

Comments: See attachments

If there are any problems with receiving this FAX transmission (such as missing pages), please contact the Sender at the "From" phone number given above.

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW, RECEIPT BY AN UNINTENDED RECIPIENT DOES NOT CONSTITUTE A WAIVER OF ANY APPLICABLE PRIVILEGE.

If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the U.S. Postal Service.

E 20677

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
CITY OF SAN DIEGO

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ -------
☑ Other (see instructions) ▶ Goverment Municipality

☑ Exempt payee

Address (number, street, and apt. or suite no.)
202 C STREET

Requester's name and address (optional)

City, state, and ZIP code
SAN DIEGO, CA 92101

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number
95 6000776

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Paulette Crawford Date ▶ 3/24/2008

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

E20677

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~~ Top Seal

		Smith	Smith	Rogers		
	McIntire	Butler	X			
	Pedroso					

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: 3/19

Interment space for: Donald R White

Interment Date: 3/28/08 Time: _____

Div: 10 Sect: _____ Blk/Row: ____ Lot: 981 Grave: 1

Grave Laid out by: KEN & NORMAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20677

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
DONALD	RAY	WHITE	01/12/1980	03/17/2008	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 D. CROCKETT, MOTHER 1344 OAKDALE AVENUE APT 3 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
CLAIREMONT MORTUARY, 4266 MT ABERNATHY AVE SAN DIEGO, CA 92117	FD 1126	▶ Nick Md	03/25/2008

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 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	03/25/2008	▶ 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 3/28/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Callhos	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 5/19/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosetta Simmons 230810

in a DDCRYPTB (Type of Burial Container) Funeral, date, time Monday Mar. 24 12:00

Church, Chapel, Graveside WMS SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row ~ Lot 137 Grave 9

Grave space & Care Fund E-20187 0

Overtime/Late Arrival Fees ..... "

Opening/Closing & Setup ..... "

Burial Container ..... "

Handling Fees .....

Flower vases – Marker setting fee AA 009362 .....

Recording/Filing/Transfer Fees ..... "

Sales taxes ..... "

Paid 4/16/2007

No interfund transfer monies deposited into general fund

Total Due 0

Paid receipt number N/A

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

N.A.

Print Name

Address

See attached

City Zip Code

Telephone

Invoice # _____

Work Order # E 20678

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20678

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

60045

Date: April 16, 20 07

From: [illegible] Address: [illegible]

Four Thousand Four Hundred Ninety-Four 77/00 - Dollars ($ 4,494.77)

in Full Payment of Interment of Ernest Simmons/Pre-need O/C & Recording for Rosetta Simmons

Div 12 Sec 2 Blk/Row ~ Lot 137 Grave 9

Invoice No. E-20187

Acct. No.

W.O. Ø

BALANCE DUE

☐ Money Order
☐ Charge
☒ Check 574

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
APR 16 2007
MOUNT HOPE CEMETERY
Paulette C.

ISSUED BY

CREDIT	67007	452.80
20% Sales Care	77184	18.11.20
80% Sales of Lots	100	1066.-
Opening/Closing	77184	539.-
Burial Containers	100	454.-
Handling Fee	77185	130.-
Recording & Misc. Fees	100	
Sales Tax	77183	41.77
TOTAL PAID	60101	4494.77
	78390	
	$	

AC-212A (11-05)
This information is available in alternative formats upon request.

~~MT. HOPE~~ CEMETERY

INTERMENT ORDER

City of San Diego

At need
Lot/Trust 12 chairs

Date 04/16/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernest Simmons 230811

in a Double-depth Crypt A (Type of Burial Container) Funeral, date, time Thursday April 19 11

Church, Chapel, Graveside ; S.D. Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row ~ Lot 137 Grave 9

Grave space & Care Fund	PAID	2264.-
Overtime/Late Arrival Fees		~
Opening/Closing & Setup	2 x 533 = APR 16 2007	1066.-
Burial Container		539.-
Handling Fees	MOUNT HOPE CEMETERY	454.-
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	2 x 65 =	130.-
Sales taxes		41.77
Total Due		4494.77
Paid receipt number	R-60045	4,494.77
Balance due		Ø

I hereby certify I am the x Spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Rosetta Simmons
Signature

230810
x Rosetta Simmons
Print Name
x 6784 Park Ridge Blvd
Address
x San Diego CA 92120
City Zip Code
x 619 269-1601
Telephone

paulette

Work Order # E 20187

Invoice # _____

Acct. # _____

E20678

E

N — S

MOUNT HOPE CEMETERY

3

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ernest Simmons

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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"

			Mary Parker			
		Sing Suecko	X	Grace Carter		
				Patrick Hill		

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Rosetta Simmons

Interment Date: 3/24/2008 Time: 12:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 137 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

E20678

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 13

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROSETTA	-	SIMMONS	05/27/1934	03/17/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
WINCHESTER	RIVERSIDE	RENEE HUGGINS, DAUGHTER 34325 NORTH HAVEN ROAD WINCHESTER, CA 92596

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person making permit	8B. DATE SIGNED
WILLIAMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575	Phillip A. Williams	03/24/2008

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	03/24/2008	ERIC K. FRYKMAN, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	RIVERSIDE HEALTH DEPARTMENT 4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST, S. D, CA 92102	11B. DATE BURIED 3/24/08	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. (HEALTH AND SAFETY CODE SECTION 7116.)

E 20679

not included
in this Spindle

E 20600_E 20699

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-20-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DONNELL ERIC DAVIS JR. 231500

in a TS (Type of Burial Container) Funeral, date, time 3-27 THUR 11:00

Church, Chapel, Graveside _____ ; RAMDALE Mortuary.

All Funeral cars 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 5

Grave space & Care Fund	2260.00
Overtime/Late Arrival Fees	[redacted]
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	763.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	3507.51
Paid receipt number R-60770	3,507.51
Balance due	Ø

PAID
MAR 25 2008
MOUNT HOPE CEMETERY

I hereby certify I am the SON Donnell Davis of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 231499

I hereby authorize the interment in lot I hold under deed.

D. Davis
Signature

Donnell Davis
Print Name

6339 Thorn
Address

S.D. CA. 92115
City Zip Code

619-778-1343
Telephone

MOVE TO PAY

Invoice # _____

Work Order # E 20680

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20680

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

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Donnell Eric Davis Jr.

Interment Date: 3/27/08 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 74 Grave: 5

Grave Laid out by: KEN JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Norman Date 3-26-08

Cremains were placed at: _____ of grave

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61213

Date: October 6, 20 08

From: James Williams Address: on file

~~Grou~~ Sixty-five and 71/00 Dollars ($ 65.71)

in full Payment of Ground trion vase for Dornell Davis

Div 12 Sec 1 Blk/Row ____ Lot 74 Grave 5

Invoice No. E-20680

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Money Order
☒ Charge AP014190
☐ Check 1/56

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 6 2008

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	28.00
Recording &	100	
Misc. Fees	77183	35.00
Sales Tax	60101	
	78390	2.71
TOTAL PAID	$	65.71

AC-212A (11-05)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

232615

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

in nexus

61932

Date: 9-21, 2007

From: Anthony Johnson Address:

Orchard, seventy-eight Dollars ($ 178.00)

in full Payment of Donnell Davis Jr. Setting fee.

Div 12 Sec 1 Blk/Row Lot 74 Grave 5

Invoice No. E 20680

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☑ Charge Visa AC
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
SEP 21 2009
MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	178.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	178.00

AC-212A (11-08)
This information is available in alternative formats upon request.

E 20680

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DONNELL	ERIC	DAVIS JR.	12/16/1992	03/16/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
BONITA	SAN DIEGO	KESHIA DAVIS, MOTHER 3984 60TH STREET #35 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 – Please wring points	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Jennika Prior	3/20/08

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	03/20/2008	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 3/27/08	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. (HEALTH AND SAFETY CODE SECTION 7116.)

PRENGER
ED FEATHERINGILL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-20-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAVID M DOLAN 231536

in a LINER (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row Lot 79 Grave 3

Grave space & Care Fund	2264.
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.
Burial Container	270.
Handling Fees	206
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65
Sales taxes	2093
Total Due	3358.93
Paid receipt number R60777 CHK #221	3358.93
Balance due	-0-

PAID
MAR 21 2008
MOUNT HOPE CEMETERY

I hereby certify I am the x Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Dave Dolan
Signature

x DAVE DOLAN
Print Name

x 9335 VAN Ardel Way
Address

x SANTEE 92071
City Zip Code

x 619-448-6503
Telephone

Invoice # _____

Work Order # E 20681

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20681

City of San Diego

SAN DIEGO PARK & RECREATION DEPARTMENT
AMERICA'S FINEST

MT. HOPE CEMETERY

FAX TRANSMISSION

Date:	3/20/08		From: Tom
To:	Ed		Telephone #: (619) 527-3400
Telephone #: 619-667-4530			Fax #: (619) 527-3403
Fax #	619-667-4532		Pages (including this cover sheet):
Subject:	Information to be filled in by Mortuary		2

Mt. Hope must receive confirmation of the date, time and/or payment for burial services within 48* hours of receiving this fax or burial will not be scheduled.

Date and time faxed to Mortuary: 3/8/08 12:30	
Burial fee amount due: $3358.93	
Burial service fee for:	
Date and time of burial service:	
Due date* of burial fee to Mt Hope Cemetery:	
Prepared by: Tom	
Signature:	
Mortuary Approval (print name):	
Signature:	
Date faxed back to Mt. Hope Cemetery:	
Comments:	
DAVE will be in when he gets back	
from vacation to pick a grave.	
Thanks Ed	

E20681

PRENGER

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-20-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward V. Dolan

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 _____ Section _____ Blk/Row _____ Lot _____ Grave _____

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	3358.83

Paid receipt number _____

Balance due _____

I hereby certify I am the x Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x _____ (Signature)

x Edward V. Dolan (Print Name)
x 3955 Park Ave #411 (Address)
x San Diego, CA 92112 (City, Zip Code)
x 619 562-2085 (Telephone) — This is DAVE's #

Invoice # _____

Work Order # E 20681

Acct. # _____

REA 104 (3-04)

This information is available in alternative formats upon request.

His nephew is taking care of things for him.
Mail all papers to nephew: DAVE DOLAN - Nephew
9335 VAN Andel WAY
Santee, CA 92071
619 562-2084

TRANSMISSION REPORT

(THU) MAR 20 2008 12:20

User/Account	:	DOCUMENT#	: 7500000-719
DESTINATION	: 96674532	TIME STORED	: MAR 20 12:18
DEST.NUMBER	: 96674532	TX START	: MAR 20 12:18
		DURATION	: 1min.32sec
F-CODE	:	CON.MODE	: ECM
PAGES	: 2page		
RESULT	: OK		

City of San Diego

SAN DIEGO PARK & RECREATION DEPARTMENT
AMERICA'S FINEST

MT. HOPE CEMETERY

FAX TRANSMISSION

Date:	3/20/08	From:	Tom
To:	Ed	Telephone #:	(619) 527-3400
Telephone #:	619-667-4530	Fax #:	(619) 527-3403
Fax #	619-667-4532	Pages (including this cover sheet):	
Subject:	Information to be filled in by Mortuary		2

E2068

E2068 1

City of San Diego

SAN DIEGO PARK & RECREATION DEPARTMENT
AMERICA'S FINEST

MT. HOPE CEMETERY

FAX TRANSMISSION

Date:	3/20/08		From: Tom
To:	Ed		Telephone #: (619) 527-3400
Telephone #: 619-667-4530			Fax #: (619) 527-3403
Fax #	619-667-4532		Pages (including this cover sheet):
Subject:	Information to be filled in by Mortuary		2

Mt. Hope must receive confirmation of the date, time and/or payment for burial services within 48* hours of receiving this fax or burial will not be scheduled.

Date and time faxed to Mortuary: 3/8/08 12:30	
Burial fee amount due: $3358.93	
Burial service fee for:	
Date and time of burial service:	
Due date* of burial fee to Mt Hope Cemetery:	
Prepared by: Tom	
Signature:	
Mortuary Approval (print name):	
Signature:	
Date faxed back to Mt. Hope Cemetery:	
Comments:	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/20/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty C Sivers 218972

in a DDCrypt (Type of Burial Container) Funeral, date, time Wed, Mar 26 @ 10

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 8 Section 1 Blk/Row _____ Lot 353 Grave 1 (b)

Grave space & Care Fund	D-644	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	Disinterment E-20683	0
Burial Container	DD Crypt	539.00
Handling Fees		454.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fee		65.00
Sales taxes		41.77
	Total Due	1099.77
	Paid receipt number R-60774	1,099.77
	Balance due	0

PAID
MAR 20 2008
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: Jon Sivers

Print Name: Jon Sivers 231498

Address: 11463 Scripps Creek Dr

City: San Diego, CA Zip Code: 92131

Telephone: 619-887-9096

Work Order # E 20682

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20682

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-30 19 71

CHARGE Betty C. Livers

ADDRESS 3221 Canon St. S.D. 92106

NAME OF DECEASED William Donald Livers

OWNER above 223-6589

ADDRESS

MORTUARY Bonham Bros

LOT 353 GR ROW SEC 1 ~~BLK~~ DIV 8	20	00
OPENING TIME 10:30 DAY Mon DATE 8-2-71	110	00
VAULT ~~[illegible]~~ Parklawn SIZE #5		
REMOVAL OR FOUNDATION (VET) Marker Inst.	30	00
TOTAL $	340	00
PAID RECEIPT NUMBER		
BALANCE		

12"X24" Flush marker Only
30 day note - Res 354 to 11-1-71
Detail

Mound on west side

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON / PHONE BY Mrs Betty C. Livers ORDER TAKEN BY K Mello

W.O. NO. D 00644 INVOICE NO. 8658

FORM PR-974 REV.

E20682

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH William Sivers

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container DD Crypt

			X			

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Betty C. Sivers

Interment Date: 3/26/2008 Time: 10am

Div: 8 Sect: 1 Blk/Row: ____ Lot: 353 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

AT NEED

E20682

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 3-19 2:00PM

CALL TAKEN BY: Tom

RECEIVED CALL FROM:

[x] MORTUARY NAME: ALLEN NEPTUNE SOCIETY

[ ] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: SON

TELEPHONE NO:

NAME OF DECEASED: 170066 D000644

LAST NAME: SIVERS, WILLIAM DONALD

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: 1 BLK/ROW: LOT: 553 GRAVE: 1

[ ] SINGLE GRAVE [x] 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:

E20682

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
BETTY	CARTWRIGHT	SIVERS	01/01/1921	03/18/2008	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	JON B SIVERS, SON 11463 SCRIPPS CREEK DRIVE SAN DIEGO, CA 92131

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
NEPTUNE SOCIETY OF SAN DIEGO, 14065 OLD HWY #80 PO BX 2308 EL CAJON, CA 92021	FD1352	▶	03/26/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	03/26/2008	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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO,CA 92102	11B. DATE BURIED 3-26-08	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.)

Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/20/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Donald Sivers 170066

in a _____ Funeral, date, time Tues, Mar 25 @ 10
Type of Burial Container

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 8 Section 1 Bill Row _____ Lot 353 Grave 1

PAID

MAR 2 0 2008

MOUNT HOPE CEMETERY

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees Disinterment	1,419.00
Sales taxes	
Total Due	1,419.00
Paid receipt number R-60774	1,419.00
Balance due	0

Neptune will be here @ 10am

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 Jon Sivers

Print Name Jon Sivers

Address 11463 Scripps Creek Dr

City San Diego Zip Code 92131

Telephone 619-987-9096

Res.

Invoice # _____

Work Order # E 20683

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Office

E20683

Marker on Site

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Roots

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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

			Geo Danzkay	M. Danzkay		
		Wm Bradley	X	Anna Gross		
			Cli Hovel Priest			

Flagged Yes ✓ No ____

Blind check Initiated by: ____ Date: ____

Interment space for: Disinterment Sivers, Wm.

Interment Date: 3/25/08 Time: ____

Div: 8 Sect: 1 Blk/Row: ____ Lot: 353 Grave: 1

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: DAVID N. Date 3-24-08

Cremains were placed at: ____ of grave

E20683

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 3/19/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty Rutledge 231492

in a Liner (Type of Burial Container) Funeral, date, time Mon. Mar. 24, 1:00

Church, Chapel, Graveside _____ Preferred Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 223 Grave 8

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R- 60768	3,358.93
Balance due	0

PAID
MAR 19 2008
MOUNT HOPE CEMETERY

I hereby certify I am the 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.

I hereby authorize the interment in lot I hold under deed.

Tylesha Raley
Signature

Tylesha Raley 231491
Print Name

1250 Potrero St. #364
Address

El Cajon 92020
City Zip Code

619-212-0240
Telephone

Invoice # _____

Work Order # E 20679

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20683

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

			Smith			
			X		Mayes	Burns
			Barley	Thrower		

Flagged **Yes** _____ **No** _____

Blind check Initiated by: Ruette Date: 3/20

Interment space for: Betty Rutledge

Interment Date: 3/24/08 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 223 Grave: 8

Grave Laid out by: _____

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Norm ~~3-21-08~~ Date 3-27-08

Cremains were placed at: _____ of grave

E20683

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
BETTY	JEAN	RUTLEDGE	02/04/1936	03/17/2008	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	CORNELIUS RUTLEDGE, HUSBAND 7146 PETER PAN AVENUE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT (Person taking permit)	8B. DATE SIGNED
PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ [signature]	3-20-08

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	03/20/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102S	11B. DATE BURIED 3/24/08	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. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-20-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Brandon Nicholas Johnson 231502

in a TS (Type of Burial Container) Funeral, date, time 3-22 THUR 11:00

Church, Chapel, Graveside _____ : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 74 Grave 6

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 R-60785	3507.51
Balance due	0

PAID
MAR 25 2008
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.

231501

I hereby authorize the interment in lot I hold under deed.

Signature

MOVE TO PAY

Charmaine Johnson
Print Name

3545 Grove St #126
Address

Lemon Grove 91945
City Zip Code

619-884-7563
Telephone

Invoice # _____

Work Order # E 20684

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20684

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

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Brandon Nicholas Johnson

Interment Date: 3/27/08 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ___ Lot: 74 Grave: 6

Grave Laid out by: KEN JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Norman Date 3-26-08

Cremains were placed at: _____ of grave

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61212

Date: OCTOBER 6, 2008

From: James Williams Address: On file

Sixty-Five and 71/00 Dollars ($ 65.71)

in full Payment of Ground trion vase for Brandon Johnson

Div 12 Sec 1 Blk/Row Lot 74 Grave 6

Invoice No. E-26684

Acct. No.

W.O.

BALANCE DUE -0-

☐ Money Order
☒ Charge AP 014190
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 6 2008

MOUNT HOPE CEMETERY

ISSUED BY pcrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	28.00
Recording &	100	
Misc. Fees	77183	35.00
Sales Tax	60101	2.71
	76390	
TOTAL PAID	$	65.71

AC-212A (11-05)
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

61931

Date: 9-21, 2009

From: Anthony Johnson Address:

one hundred, seventy-eight — Dollars ($ 178 —)

in full Payment of Brandon Nicholas Johnson selling fee.

Div 12 Sec 1 Blk/Row Lot 74 Grave 6

Invoice No. E-20684

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge
☐ Check

Visa AC 702813

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
SEP 21 2009
MOUNT HOPE CEMETERY

ISSUED BY PC

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	—
Sales Tax	60101		
	78390		
TOTAL PAID	$	178	—

AC-212A (11-08)
This information is available in alternative formats upon request.

E20684

16

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BRANDON	NICHOLAS	JOHNSON	08/08/1991	03/16/2008	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	CHARMAINE JOHNSON, MOTHER 3545 GROVE STREET #126 LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sienna Ramos	03/20/08

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	03/20/2008	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/27/08	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. (HEALTH AND SAFETY CODE SECTION 7116.)

AS NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-24-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JONES, WARREN

in a _____ (Type of Burial Container) Funeral, date/time 3-29-08 SAT

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 154 Grave 4

Grave space & Care Fund	3011.00
Overtime/Late Arrival Fees	851.00
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 R6080	5317.09
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.

Signature

Print Name: LAUREN S. YOUNG

Address: 3180 N. LAKE SHORE DR #13D

City: CHICAGO IL Zip Code: 60657

Telephone: 773-244-9994

Invoice # _____

Work Order # E 20685

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/24/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ronald W. Peoples 231506

in a Double-Crypt "A" (Type of Burial Container) Funeral, date, time Friday 28, March 10:00

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 140 Grave 8

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases - Marker setting fee	178.-
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	4074.77
Paid receipt number R60782	4074.77
Balance due	Ø

PAID
MAR 24 2008
MOUNT HOPE CEMETERY

National Guard

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.

231514

I hereby authorize the interment in lot I hold under deed.

Signature: M. Maxine Peoples

Print Name: M. MAXINE PEOPLES

Address: 1944 MIDVALE DRIVE

City: SAN DIEGO Zip Code: 92105

Telephone: 619 264.1127 or 861.6308

Invoice # _____

Work Order # E 20686

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20684
W[illegible] VISIT
OFF CG TO
MAKE ARRANGE
MENTS

MOUNT HOPE CEMETERY
INTIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 3-24-08 11 AM

CALL TAKEN BY: TOM

RECEIVED CALL FROM:

[X] MORTUARY NAME: RAGSDALE

[ ] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: MAXINE ~~PEOPLES~~ PEOPLES

TELEPHONE NO:

NAME OF DECEASED:

LAST NAME: ~~PEO~~ PEOPLES

FIRST NAME: RONALD

DOD: RECENT DOB:

VETERAN [ ] BRANCH OF SERVICE:

[X] 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:

E20686

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 DOCRYPTA

11 REID	12 REID	7 Runge	8 X	Miller WE. BOWENS		
			Harris Jr.			

Flagged Yes ✓ No ____

Blind check Initiated by: Paulette Date: 3/25

Interment space for: Ronald W. Peoples

Interment Date: 3/28/08 Time: 10:00 Chapel Friday

Div: 11 Sect: 1 Blk/Row: ____ Lot: 140 Grave: 8

Grave Laid out by: DAVID & ARCHIE

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: [signature] Date 3-26-08

Cremains were placed at: ____ of grave

E20686

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

Field	Entry
1. LAST NAME-FIRST NAME-MIDDLE NAME	PEOPLES, Ronald William
2. SEX	M
3. SOCIAL SECURITY NUMBER	244 90 5698
4. DATE OF BIRTH (YEAR / MONTH / DAY)	50 / 04 / 17
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	NAVY - USN
6a. GRADE, RATE OR RANK	AMH1
b. PAY GRADE	E6
7. DATE OF RANK (YEAR / MONTH / DAY)	78 / 10 / 16
8a. SELECTIVE SERVICE NUMBER	- - - - - -
b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE	- - - - - - - -
c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code)	East Orange, Essex, NJ 07018
9a. TYPE OF SEPARATION	Discharged
b. STATION OR INSTALLATION AT WHICH EFFECTED	HELANTISUBRON THREE FPO NEW YORK 09501
c. AUTHORITY AND REASON	- - - - - - - -
d. EFFECTIVE DATE (YEAR / MONTH / DAY)	79 / 04 / 25
e. CHARACTER OF SERVICE	HONORABLE
f. TYPE OF CERTIFICATE ISSUED	DD 256N
10. REENLISTMENT CODE	- - - - - -
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	Helicopter Anti-submarine Squadron THREE
12. COMMAND TO WHICH TRANSFERRED	NA
13. TERMINAL DATE OF RESERVE/MSS OBLIGATION (YEAR / MONTH / DAY)	-- / -- / --
14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code)	Naval Air Station Jacksonville, Florida
15. DATE ENTERED ACTIVE DUTY THIS PERIOD (YEAR / MONTH / DAY)	72 / 10 / 30
16a. PRIMARY SPECIALTY NUMBER AND TITLE	AMH-8377
b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	NA
17a. SECONDARY SPECIALTY NUMBER AND TITLE	NA
b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	NA

18. RECORD OF SERVICE	YEARS	MONTHS	DAYS
(a) NET ACTIVE SERVICE THIS PERIOD	06	05	[illegible]
(b) PRIOR ACTIVE SERVICE	03	09	[illegible]
(c) TOTAL ACTIVE SERVICE (a+b)	10	03	03
(d) PRIOR INACTIVE SERVICE	00	00	00
(e) TOTAL SERVICE FOR PAY (c+d)	10	03	[illegible]
(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD	06	05	25

19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964: ☐ YES ☒ NO

20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years): SECONDARY/HIGH SCHOOL 12 yrs (1-12 grades) COLLEGE 00 yrs

21. TIME LOST (Preceding Two Yrs.): TL-NONE

22. DAYS ACCRUED LEAVE PAID: NONE

23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: ☐ $15,000 ☐ $1,000 ☒ $20,000 ☐ $10,000 ☐ NONE

24. DISABILITY SEVERANCE PAY: ☐ NO ☐ YES AMOUNT ____

25. PERSONNEL SECURITY INVESTIGATION: a. TYPE: ENTNAC b. DATE COMPLETED: 18 FEB 69

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED
X X X
GOOD CONDUCT AWARD (1ST AWARD) 22 JAN 73 X X X X X
GOOD CONDUCT AWARD (2ND AWARD) 22 JAN 77 X X X X X
NAVY "E" PERIOD ENDING 30 SEP 78 (HS-3) X X X X X

27. REMARKS
MEMBER REQUEST COPY OF DD FORM 214N

CORROSION CONTROL - 13 JAN 77
A/C PAINTING, FINISH AND
INSIGNIA - 13 MAY 77
HUMAN BEHAVIOR AND LEADERSHIP - 30 NOV 78
NAVY COUNSELOR 16C - 30 NOV 78
GROUND SUPPORT EQUIPMENT - 10 AUG 76
SHIPBOARD AIRCRAFT FIREFIGHTING - 12 AUG 76
SERVICE INFORMATION COURSE - 8 OCT 76
H-46 SYSTEMS INTERFACE, CODE HAB - 10 AUG 73
RACE AWARENESS - 14 SEP 73
SH-3 A/F & HYDRAULIC SYS ORGAN - 9 JUL 76
H-46 AIRFRAMES AND UTILITIES ORGAN CODE HAF - 14 AUG 73
SH-3 SYSTEMS FAMILIARIZATION (HEB) - 11JUN76

NAVAL AVIATION MAINT PROGRAM WORK CENTER
SUPERVISOR COURSE - 6 AUG 76 X X X
AMH 16C - 29 JAN 75 X X X X X
MR 16C - 27 MAY 75 X X X X X
PF FOR E-6 - 27 MAY 75 X X
X X X X X
X X X X X
X X X X X
X X X X X
X X X X X
X X X X X
X X X X

28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code): 102 MAYFAIR STREET OCEANSIDE, CALIFORNIA 92054

29. SIGNATURE OF PERSON BEING SEPARATED: Ronald William Peoples

30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: W.D. MOLLOY JR., LT, USN, PERS OFFICER

31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN:

FORM 214N — PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. S/N 0102-LF-002-0203

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

REPORT OF SEPARATION FROM ACTIVE DUTY
(See BUPERS INST 1900.2 series)

6

E 20686

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

57

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RONALD	WILLIAM	PEOPLES	04/17/1950	03/20/2008	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	HESTER MAXINE PEOPLES, WIFE 1944 MIDVALE 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
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 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: ▶ Siemuke Pugh 8B. DATE SIGNED: 3/21/08

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT 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	03/24/2008	▶ 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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/28/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Callins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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 Ashes

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/24/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marilyn Oliva Sabga Pin: 231490

in a No vault required (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 450 Grave 1

Grave space & Care Fund	426.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee Trion	243.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	
Total Due	883.71
Paid receipt number P-01180	176.74
Balance due	706.97

PAID
DEC 4 2008
P-01559/AP21066
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.

Marilyn O. Sabga
Signature

MARILYN O. SABGA
Print Name

2950 IRS AVE, SP 43
Address

SAN DIEGO, CA 92154
City Zip Code

619-423-8030
Telephone

Invoice # _____

Work Order # E 20687

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20687

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01180

Date: March 24, 20 08

From: Marilyn Salga Address:

One hundred Seventy Six and 74/00 Dollars ($ 176.74)

In Payment of Pre-need Lot and Trust

Div. 8 Sec 4 Blk/Row Lot 450 Grave 1

Invoice No.

Acct. No.

W.O.

BALANCE DUE 706.97

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check # 123

AC-212 (11-05)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 24 2008

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	85	20
20% Sales Care	77184	91	54
Pre-Need	63033		
Trust	77186		
TOTAL PAID		$ 176	74

mailed Coupons for only 9 payments left.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P01529

Date: 11/13, 20 08

From: Marilyn Sabga Address: 2950 Ivy's Avenue, Space 43 SD 92154

Five Hundred and 00/00 Dollars ($ 500.00)

in part Payment of Pre-need lot & trust in urn garden w/vases.

Div 8 Sec 4 Blk/Row Lot 450 Grave 1

Invoice No. E-20687

Acct. No.

W.O.

BALANCE DUE $ 206.97

☒ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☒ Charge AP042768

☐ Check

AC-212 (2-08)

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 13 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	500 00
Pre-Need Trust	63033 77186	
TOTAL PAID	$	500 00

E 20687

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P01559

Date: 12/4, 20 08

From: Marilyn Sobga Address: 2950 Iris Ave, Space 93 SD CA 92154

Two Hundred Six and 97/100 Dollars ($ 206.97)

in full Payment of pre-need lot, trust paid in full

Div 8 Sec 4 Blk/Row Lot 450 Grave

Invoice No. E-20687

Acct. No.

W.O.

BALANCE DUE 0

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☒ Charge M0210661

☐ Check

AC-212 (2-06)

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY P Clayton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	206.97
TOTAL PAID	$	206.97

pin 231490 E-20687

Sabga, Marilyn Oliva 2950 Iris Ave; SP43;, SD CA 92154 619-423-8030

Div 8 Sec 4 Lot 450

	DEBIT	CREDIT	BALANCE
3/24/2008 Pd down on pre-need lot and trust in urn garden Lot $426, o/c $149, trion vase $65.71,r/f fee $65, P-01180.	426.00		426.00
	457.71		883.71
		176.74	706.97
11-13-08 P-01529 / AP042762		500-	206.97
12/4/08 P-01559 / AP210661		206.97	Ø

PAID

DEC 4 2008

P-01559

MOUNT HOPE CEMETERY

Paulette C.

ATC NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-24-08

TBD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of x HENRY YOUNG, JR. # 231547

in a ASH VAULT (Type of Burial Container) Funeral, date, time April 18, 2008 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 15 Blk/Row W Lot 26 Grave 10

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container	79.00
Handling Fees	85.00
Flower vases – Marker setting fee	~~65.00~~
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	384.12
Paid receipt number R60781	384.12
<< AP024662 Balance due	Ø

PAID MAR 24 2008 MOUNT HOPE CEMETERY

I hereby certify I am the x DAUGHTERS of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231546

I hereby authorize the interment in lot I hold under deed.

x Donna J. Eden
Signature

x DONNA J. EDEN
Print Name

x 3322 LOGAN AVE.
Address

x SAN DIEGO 92113
City Zip Code

x (619) 236-1910
Telephone

Invoice # _____

Work Order # E 20688

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20688

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Dorothy, Ronald & Barbara Young

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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

Snell Phillips	Rochman Kelly	Jackson	X Bartlett	Jones Hall		

Flagged Yes _____ No _____

Blind check Initiated by: Paulette Date: 4/9

Interment space for: Henry Young Jr. ☒

Interment Date: April Time: 11:00

Div: 7 Sect: 15 Blk/Row: ____ Lot: 26 Grave: 10

Grave Laid out by: Norman Ken

Agrees with Legal Card: Yes ☒ No ☐

Agrees with Map: Yes ☒ No ☐

Blind Check & Verified By: Earl Date 4·13·08

Cremains were placed at: _____ of grave

E20688

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 19 11337-03

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
HENRY	-	YOUNG JR	06/19/1928	03/20/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS ANGELES	LOS ANGELES	CELIA YOUNG, DAUGHTER 3577 CONGRESS DRIVE RIVERSIDE, CA 92503

7A. TYPED NAME AND ADDRESS OF 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]	04/01/08

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	04/01/2008	▶ JONATHAN FIELDING, 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
LOS ANGELES CO DEPT OF PUBLIC HEALTH 313 NORTH FIGUEROA STREET, RM L-1 LOS ANGELES, CA 90012	–

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY,3751 MARKET ST.,SAN DIEGO,CA 92102	11B. DATE BURIED 4-18-08	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 4-6-08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]
SCIENTIFIC USE	*13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS* -	*13B. DATE RECEIVED*	*13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY* ▶
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 03/24/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur Shingleton 231516

in a DD #B (Type of Burial Container) Funeral, date, time Weds April 2nd, 11.00

Church, Chapel, Graveside _____ Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row W Lot 232 Grave 8

Grave space & Care Fund E-121730	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.—
Sales taxes	—
Total Due	598.—
Paid receipt number R-60794	598.—
Balance due	0

PAID APR 1 2008 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.

218465

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

See attached

City _____ Zip Code

Telephone _____

Paulette

Work Order # E 20689

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20689

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/5/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillie M. Shingleton

in a Double Deep Crypt (Vault/Crypt) Funeral, date, time Wed, Feb 7, 11:00

Church, Chapel, Graveside Church Graveside Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned. Dorothy Sharp

War time veteran _____.

Lot 232 Grave 8 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	330.00
Handling Fees	30.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	26.60
Total Due	2041.60
Paid receipt number 47053	510.00
Balance due	1531.60

30 day Note

Pd 5-8-96

I hereby certify I am the x daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Dorothy Sharp
Signature

x 5461 Imperial Ave
Address

x San Diego 92114
City Zip Code

x 619-263-2929
Telephone

Work Order # E 12730

Invoice # 265623

Acct. # 088064

PY-593 (Rev. 8-92)

2-13

E20689

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Lillie M. Shingleton #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 #B

	Sanders Franklin	Lillie Shingleton	X	~~[illegible]~~ Johnson		

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Arthur Shingleton

Interment Date: 4/2 Time: 11:00 WEDS

Div: 12 Sect: 2 Blk/Row: ~ Lot: 232 Grave: 8

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

E20689

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	DANIEL	SHINGLETON	10/12/1908	03/21/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DOROTHY SHARP, DAUGHTER 5461 IMPERIAL 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	▶ Glennita Pryor	3/26/08

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT 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	03/26/2008	▶ 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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/2/08	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. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 3/24/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna M. Myrick 220396 12:30

in a Liner (Type of Burial Container) Funeral, date, time Thursday Mar. 27th

Church, Chapel, Graveside CA. FUNERAL ALT Mortuary.

All Funeral cars 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 1270 Grave 1

Grave space & Care Fund E-12465 (9-7-1995) 0

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

Total Due 0

fax 760-737-2892 Paid receipt number

Balance due 0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Signature

X Print Name

X Address

X City Zip Code

X Telephone

See attached

N.R.

Work Order # E-20690

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20690

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

			Braun			
Halsrow	Halsrow	Calkins	X	Smith		
			Green			

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: 3/24

Interment space for: Edna M. Myrick

Interment Date: Thurs. 3/27 Time: _____

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1270 Grave: 1

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Norman Date 3-26-08

Cremains were placed at: _____ of grave

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 3/24/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna M. Myrick

in a Liner (Type of Burial Container) Funeral, date, time Thursday Mar. 27th

Church, Chapel, Graveside CA. FUNERAL All Mortuary.

All Funeral cars 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 1270 Grave 1

Grave space & Care Fund E-12465 (9-7-1995) 0

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

Total Due 0

Fax 760-737-2892 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 Mitch Myrick (Print Name)

X 2214 Mountain Lane (Address)

X Ramona, CA 92065 (Zip Code)

X 760-522-4056-cell (Telephone)

Signature

Work Order # E -20690

Invoice # _____

Acct. # _____

REA-184 (3-94)

This information is available in alternative formats upon request

E20690

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need
Lot & Trust

Date 9-7-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MYRICK, EDNA

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 1270 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1763.30
Paid receipt number R-46592	1763.30
Balance due	0

PAID
SEP - 7 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

X Edna m myrick (Signature)

X 1174 E. MAIN ST. #145 (Address)

X EL CAJON CA 92021 (City, Zip Code)

X 447-6856 (Telephone)

Work Order # E 12465

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E20690

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
EDNA	MYRL	MYRICK	12/01/1912	03/21/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
RAMONA	SAN DIEGO	MITCH MYRICK, SON 2214 MOUNTAIN LANE RAMONA, CA 92065

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
CALIFORNIA FUNERAL ALTERNATIVES, 1020 EAST PENNSYLVANIA AVE ESCONDIDO, CA 92025	FD1624

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103050, of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
		▶ Jhargent	03/24/2008

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	03/24/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 3/27/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Callens	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

COPY 2 IS RETAINED BY 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.)

PRESUMED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-25-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

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 54 Grave 3

Grave space & Care Fund	301.00
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	446.82
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 the hold under deed.

Signature

Print Name LAUREN S. YOUNG

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 20691

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-25-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WARNER JONES 231515

in a LINER (Type of Burial Container) Funeral, date, time 3-29-08 SAT 11:30 AT GRAVE

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 154 Grave 4

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	851.00
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	65.00
Recording/Filing/Transfer Fees	
Sales taxes	20.93
Total Due R60780	4209.93
Paid receipt number R60780 CHK #2997	4209.93
Balance due	0

PAID MAR 25 2008 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.

231503

I hereby authorize the interment in lot I hold under deed.

Signature

BRIAN JONES
Print Name

6418 Scimitar Dr
Address

San Diego CA 92114
City Zip Code

619-527-0550
Telephone

Work Order # E 20692

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20692

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

	Odum		X	Parraz	Parraz	
			Gordon			

Flagged Yes ✓ No

Blind check Initiated by: Paulette Date: 3/25

Interment space for: Warren Jones

Interment Date Sat. Mar. 29th Time:

Div: 12 Sect: 2 Blk/Row: Lot: 154 Grave: 4

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

E20692

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
WARNER	CALVIN	JONES	02/08/1921	03/22/2008	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	LOLA JONES, WIFE 5430 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
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Glenn Kaplan	3/28/08

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT 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	03/28/2008	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)

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 3/29/08	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 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.)

PRENEED
LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-25-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

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 154 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	3358.93
Paid receipt number R60783 CHK# 2997	3358.93
Balance due	~~35.00~~

PAID
MAR 25 2008
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: Brian Jones

231503

Print Name: Brian Jones

Address: 6418 Scimitar Dr

City: San Diego Zip Code: CA. 92114

Telephone: 619-527-0550

Invoice # _____

Work Order # E 20693

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

PRE NEED

OFFICIAL RECEIPT

LAUREN JONES
3180 LAKESHORE DR
CHICAGO, ILL 60657

E20693
60783

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

Date: 3-25, 20 08

From: BRIAN JONES Address: 6418 SCIMITAR DR, SD, 92116

THREE THOUSAND THREE HUNDRED-FIFTY EIGHT $93/100 Dollars ($ 3358 93)

in FULL Payment of PRENEED TRUST & LOT

Div 12 Sec 2 Blk/Row ____ Lot 154 Grave 3

Invoice No. ____

Acct. No. E20693

W.O. ____

BALANCE DUE 0

REF 60780 420693

☐ Money Order
☐ Charge
☒ Check #2997

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 25 2008

MOUNT HOPE CEMETERY

ISSUED BY ____

CREDIT	67007	452	80
20% Sales Care	77184		
80% Sales	100	1811	20
of Lots	77184		
Opening/	100	533	-
Closing	77181		
Burial	100	270	-
Containers	77182	200	-
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	65	-
Sales Tax	60101		
	78390	20	93
TOTAL PAID	$	3359	93

AC-212A (11-05)
This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-25-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WARREN TONGS

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. on 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 20694

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-25-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Reza Hamidi 231504 MARWE

in a LINER (Type of Burial Container) Funeral, date, time 3-28-08 FRI 1:00

Church, Chapel, Graveside _____ ; BAYLISS 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 4 Section 1 Blk/Row _____ Lot 36 Grave 2

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	770.00
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 R60784	3,358.93
Balance due	Ø

PAID
MAR 25 2008
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.

231505

I hereby authorize the interment in lot I hold under deed.

S. Taheri
Signature

Shawn Taheri
Print Name

76 Ambroise
Address

Newport Coast CA 92657
City Zip Code

714-299-0143
Telephone

Invoice # _____

Work Order # E 20695

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20695

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

			Ives			
	Ed. Davis	William Miller	X			

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: 3/25

Interment space for: Reza Hamidi

Interment Date: Friday 3/28 Time: Arrival 1:00

Div: 4 Sect: 1 Blk/Row: ____ Lot: 36 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

E20695

66

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
REZA	-	HAMIDI	05/14/1941	03/17/2008	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	NAHID HAMIDI, SISTER 4210 E.PATERO WAY LONG BEACH, CA 90815

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BAYVIEW CREMATION & BURIAL, 7510 CLAIREMONT MESA BLVD STE 109 SAN DIEGO, CA 92111	FD1661	▶ [signature]	03/25/2008

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	03/25/2008	▶ 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 3-28-08	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.)

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03/25/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DR. Russell F. Greer 208224

in a Liner (Type of Burial Container) Funeral, date, time Tues, April 1 @ 2pm

Church, Chapel, Graveside _____ : El Camino-PB Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. X

Division 10 Section _____ Blk/Row _____ Lot 1690 Grave 1

Grave space & Care Fund	C-8308	~~0~~
Overtime/Late Arrival Fees		
Opening/Closing & Setup		533.00
Burial Container		270.00
Handling Fees		206.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		65.00
Sales taxes		20.93
Total Due		1,094.93
Paid receipt number	R-60787	1,094.93
Balance due		~~0~~

PAID
APR 1 2008
MOUNT HOPE CEMETERY

Air Force

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

Melissa
858-488-2929

X 231510 Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Invoice # _____

Work Order # E 20696

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20696

03/26/2008 13:44 8584834465 PACIFIC BEACH CHAPEL PAGE 02/02

FROM

(TUE) MAR 25 2008 15:28/ST. 15:27/No. 7500000782 P 2

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03/25/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DR. Russell F. Greer

in a _____ (Type of Burial Container) Funeral, date, time Tues. April 1 @ 2pm

Church, Chapel, Graveside _____ ; El Camino-PB Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 10 Section _____ Blk/Row _____ Lot 1690 Grave 1

C-8308

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	1,094.93
Paid receipt number	
Balance due	

I hereby certify I am the X wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Gloria Greer (Signature)

Melissa
858-488-2929

X Gloria Greer (Print Name)
X 5150 Windsor Dr. (Address)
X San Diego Ca 92109 (City, State, Zip Code)
X (858) 488-2923 (Telephone)

Invoice # _____

Acct. # _____

Work Order # E 20696

REA-184 (3-98)

Pacific Beach will be bringing a check.

200800992

E 20696

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-25-1970

CHARGE Dr. Russell F. Greer

ADDRESS 5150 Windsor Dr, S.D. Cal. 9210

NAME OF DECEASED Pre-need lot

OWNER above

ADDRESS

MORTUARY

LOT 1690 GR ROW SEC DIV 10	145	00
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION VET.		
TOTAL	145	00
PAID RECEIPT NUMBER 17035	145	00
BALANCE	Ø	

12" x 24" flush marker only for single grave purchase.

PAID
FEB 25 1970
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

#4799

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED
IN PERSON
PHONE BY By mail

ORDER TAKEN BY DePhelps

W.O. NO. C 8308

INVOICE NO. CASH

FORM PR-974 REV.

E20696

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ~~2~~ 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

	Ritchey	Ritchey	X		Greer	
			Crews			

Flagged Yes ✓ No

Blind check Initiated by: Pulette Date: 3/28

Interment space for: Dr. Russell Greer

Interment Date: 4/1/2008 Time: 2:15 pm

Div: 10 Sect: ~ Blk/Row: ~ Lot: 1690 Grave: 1

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

E20696

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
RUSSELL	FLAGG	GREER	11/10/1919	03/24/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	GLORIA GREER, WIFE 5150 WINDSOR DR SAN DIEGO, CA 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-P.B., 4710 CASS ST SAN DIEGO, CA 92109	FD815	▶ G. Galvez	03/28/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	03/28/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 4/1/08	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. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/25/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Edward Sullivan III 231507

in a TS VAULT (Type of Burial Container) Funeral, date, time Friday, March 28 @ 1pm

Church, (Chapel) Graveside _____ ; EL CAMINO - IMPERIA Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. SES

Division 12 Section 2 Blk/Row _____ Lot 221 Grave 8

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-60773	3,507.51
Balance due	0

PAID
MAR 25 2008
MOUNT HOPE CEMETERY

marker fee 3/28/08 Pr 60792

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.

231508

I hereby authorize the interment in lot I hold under deed.

Sean E. Sullivan
Signature

SEAN E SULLIVAN
Print Name

1655 EAST 83RD PLACE
Address

CHICAGO ILL 60617
City Zip Code

(773) 734-8360
Telephone

Invoice # _____

Work Order # E 20697

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

FAMILY AT NEED WILL VISIT

E20697

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 3-25-08 Tom

CALL TAKEN BY:

RECEIVED CALL FROM:

☐ MORTUARY NAME: ROBERT CYPRESS FIELD

☐ FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON:

TELEPHONE NO:

NAME OF DECEASED: SPRING VALLEY

LAST NAME: JOHN SULLIVAN III

FIRST NAME:

DOD: DOB:

VETERAN ☐ BRANCH OF SERVICE:

☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD

FUNERAL SERVICE

TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVESIDE

LOCATION OF SERVICE:

DATE OF SERVICE: TIME OF SERVICE:

EXPECTED ARRIVAL TIME AT MT. HOME:

CEMETERY PROPERTY: ☐ A/N ☐ P/N ☐ P/N TRUST

DIV: SECT: BLK/ROW: LOT: GRAVE:

☐ SINGLE GRAVE ☐ CREMATION

☐ DBL DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE ☐ COMMITTAL ☐ GRAVESIDE

☐ WITNESS ONLY ☐ DELIVERY ONLY

☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS:

E 20697

N W E S

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

				Reuben G. Littlejohn		
		Kevin Parker	X	Freddie McGowan		

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: John Edward Sullivan III

Interment Date: 3/28/2008 Time: 1 pm

Div: 12 Sect: 2 Blk/Row: ____ Lot: 221 Grave: 8

Grave Laid out by: JUAN & KEN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Norman Date 3-26-08

Cremains were placed at: _____ of grave

E20697

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

62.

1A. NAME OF 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	EDWARD	SULLIVAN III	05/13/1945	03/20/2008 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
SPRING VALLEY	SAN DIEGO	SEAN E SULLIVAN, BROTHER 1655 E 83RD PL CHICAGO, IL 60617

7A. TYPED NAME AND ADDRESS OF 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	▶ [signature]	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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	03/27/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 3-28-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER *DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF* THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

AT NGSD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-26-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Paul Bennett 231518

in a LINER (Type of Burial Container) Funeral, date, time APR 4 FRI 11:00

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 86 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 MARKER TRIP	243.71 ~~178.00~~
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due TRIUN	3602.64 ~~6541~~
Paid receipt number 60786 CHK 1087118 3600.64 6772	3602.64
Balance due	0

PAID APR - 1 2008 6098 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.

Robert Harck, 231517
Print Name

10767 Jamacha BLVD #140
Address

Spring Valley CA 91978
City Zip Code

619-7502347
Telephone

Signature

Invoice # _____

Work Order # E 20698

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20698

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: James Paul Bennett

(Friday) Interment Date: 4/4/2008 Time: 1pm

Div: 12 Sect: 1 Blk/Row: ____ Lot: 86 Grave: 5

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Norman Date 4-2-08

Cremains were placed at: _____ of grave

E20698

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
JAMES	PAUL	BENNETT	03/28/1936	03/25/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROBERT HARDY, NEPHEW 10767 JAMACHA BLVD #140 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	Sienni Kaffer	3/26/08

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is an of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		11.00	03/26/2008	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4-4-08	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN 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 03/28/08

Pm: 231520

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jimmie Ray Watts AKA James 1:00

in a Liner (Type of Burial Container) Funeral, date, time Friday April 4th 2008

Church, Chapel, Graveside Bethel Baptist ; Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row — Lot 74 Grave 9

PAID

APR 03 2008

MOUNT HOPE CEMETERY

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	4,46582
Paid receipt number R-60799	4,46582
Balance due	0

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.

231519

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 20699

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20699

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

		LINDA TANNER	X	GIOVANNI TERAN		

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Jimmie Ray Watts AKA James

Interment Date: Friday April 4th Time: 1:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 74 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

E 20699

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

54

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JIMMIE	RAY	WATTS	02/12/1954	03/26/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SACRAMENTO	SACRAMENTO	KYMI WATTS, BROTHER 3642 GOLD CREEK LANE SACRAMENTO, CA 95827

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
THOMPSON FUNERAL HOME, 3601 5TH AVE P O BOX 5115 SACRAMENTO, CA 95817	FD860	▶ [signature]	04/03/2008

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		11.00	04/03/2008	▶ GLENNAH I TROCHET, 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
SACRAMENTO PUBLIC HEALTH 7001 EAST PARKWAY, SUITE 600 SACRAMENTO, CA 95823	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 4-4-08	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.)

DW12, SGC1, LOT74, GR9 E20699

E-20699

To whom it may concern

3-26-09

I Kymi John Watts wish to be burried with my twin Brother Jimmy Watts when God calls me home

CA-C2114496

3-26-09

I Lilly Kaye Weatherford withness this request.

Lilly Weatherford

(619) 634-5466